



**MARYLAND  
HEALTH CARE  
COMMISSION**

CONSUMER EDITION

# QUALITY REPORT 2014:

COMPARING THE PERFORMANCE OF MARYLAND'S  
COMMERCIAL HEALTH BENEFIT PLANS



MARYLAND  
HEALTH CARE  
COMMISSION



CONSUMER EDITION

MARYLAND HEALTH CARE COMMISSION

# QUALITY REPORT 2014

On Commercial HMOs, PPOs, POSs, EPOs, and Other Types of Health Benefit Plans in Maryland

## Maryland Health Care Commission\*

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Consumer Edition  
Maryland Health Care Commission  
Quality Report 2014

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For additional details on the quality and performance of Maryland's health benefit plans, please refer to the MHCC Comprehensive Quality Report 2014 located at [http://mhcc.maryland.gov/mhcc/pages/apcd/apcd\\_quality/apcd\\_quality\\_hbp](http://mhcc.maryland.gov/mhcc/pages/apcd/apcd_quality/apcd_quality_hbp).





# I. HEALTH BENEFIT PLAN INFORMATION

## Health Benefit Plan Delivery Systems

**H**ealth Maintenance Organization (HMO), Preferred Provider Organization (PPO), Point-of-Service Organization (POS), and Exclusive Provider Organization (EPO) plans all have distinct features. Both HMO and POS plans use a Primary Care Provider (PCP), who is within the network and responsible for coordinating a patient's care. Traditionally, a key difference among HMO, PPO, and POS plans is that PPO and POS plan members do not need a referral from a PCP to see a specialist and may select a provider who is not in the plan's network of providers—although members' out-of-pocket costs are lower when they use an in-network provider.

Some employers have begun to offer EPO plans. An EPO is a relatively new type of hybrid health benefit plan with features of both an HMO and a PPO. There is usually no designated primary care provider and usually no need to obtain a referral for services with an EPO. Benefits are available for in-network office visits and hospital care, including inpatient and outpatient surgery; however, there is no coverage for out-of-network services.

Features of the Various Types of Health Benefit Plan Delivery Systems					
Topic		HMO	POS	PPO	EPO
<b>Primary Care Providers (PCPs)</b>		Members must choose an in-network PCP to manage their care.  For some plans the PCP and all medical personnel work directly for the HMO at one of its medical facilities, so it is necessary to live or work in close proximity to the medical facility(ies).	Depending on the plan, members may need to choose an in-network PCP to manage their care.	Members are not required to have a PCP to manage their care.  Members may choose an in-network PCP or out-of-network PCP to manage their care.	Depending on the plan, members may need to choose an in-network PCP to manage their care.
<b>Referrals to specialty care providers</b>		Members need a referral from their PCP to see a specialist and other providers, although some HMOs no longer require referrals.	Referrals may be needed to seek care from specialists or other providers.  Members may choose between PCP referral to an in-network specialist or they may choose to see an out-of-network specialist.	No referrals are needed to seek care from specialists or other health care providers.  Other than physician office visits and emergency care, services must usually be authorized by the PPO before members receive them.	Referrals may be needed to seek care from specialists or other in-network providers.  Members must choose in-network providers if they have a need for a specialist.  Some plans may allow referrals to out-of-network providers in emergency situations.
<b>Out-of-pocket costs</b>	<b>Annual premiums</b>	Annual premiums tend to be lower than POS and PPO plans.	Annual premiums tend to fall between HMO and PPO plans.	Annual premiums tend to be higher than HMO and POS plans.	Annual premiums tend to be lower than PPO plans.
	<b>Cost sharing</b>	<i>Cost sharing:</i> Fixed co-payments with no annual deductible or coinsurance.  As long as you see your PCP or have an authorized referral to another provider, your out-of-pocket cost is usually a relatively small copayment per visit. But if you choose to go to another provider without a referral—whether or not the providers are in the HMO network—you'll have to pay 100% of the provider's bills. The exceptions are true emergency situations for which you are covered by the plan.	<i>Cost sharing:</i> Fixed co-payments for in-network services; deductibles and coinsurance may apply to in-network services and out-of-network services; higher costs associated with out-of-network services.  You pay least when you receive services from your PCP or through an authorized referral to another in-network provider. But unlike an HMO, you may opt out of the network. If you opt out you'll be responsible for paying a higher percent of the provider's bill.	<i>Cost sharing:</i> Fixed co-payments for in-network services; deductibles and coinsurance may apply to in-network services and out-of-network services.  A PPO plan encourages you to choose doctors, hospitals, and other providers that participate in the plan. They do this by increasing the portion of the bill they pay if you stay "in-network." You may choose to go "out-of-network" at any time, but if you do, you'll have to pay a higher percent of the provider's bill.	<i>Cost sharing:</i> Fixed co-payments for in-network services; deductibles and coinsurance may apply to in-network services and out-of-network services, if allowed.  In choosing an EPO, it is important to make sure that the program includes enough providers to match your needs.  In most EPO plans, as with an HMO, if you choose to go out-of-network, you'll have to pay 100% of the provider's bills.

Sources: Maryland Department of Budget and Management, Health Benefits; National Association of Insurance Commissioners; and Healthcare.gov



# I. HEALTH BENEFIT PLAN INFORMATION

## Maryland Health Benefit Plans Reporting in 2014

Abbreviated health benefit plan report-level names are used in this report.

Maryland Health Benefit Plans Reporting in 2014				
Report-Level Name	Health Plan Name	Product Type	Contact Information	Tax Status and Ownership
<b>Aetna (HMO)</b>	Aetna Health, Inc. (Pennsylvania) – Maryland	HMO/POS Combined	1-800-US-AETNA (1-800-872-3862) 7 days a week, 7:00 AM–7:00 PM <a href="http://www.aetna.com">www.aetna.com</a>	Aetna is a for-profit HMO with POS, PPO and EPO.
<b>Aetna (PPO)</b>	Aetna Life Insurance Company (MD/DC)	PPO/EPO Combined		
<b>CareFirst BlueChoice (HMO)</b>	CareFirst BlueChoice, Inc.	HMO/POS Combined	1-888-432-4380 7 days a week, 7:00 AM–7:00 PM <a href="http://www.carefirst.com">www.carefirst.com</a>	CareFirst BlueChoice is a for-profit HMO.
<b>CareFirst GHMSI (PPO)</b>	Group Hospitalization and Medical Services, Inc. (GHMSI)	PPO		GHMSI is a not-for-profit PPO.
<b>CareFirst CFMI (PPO)</b>	CareFirst of Maryland, Inc.	PPO/EPO Combined		CareFirst of Maryland, Inc. is a not-for-profit PPO with EPO.
<b>Cigna (PPO)</b>	Cigna Health and Life Insurance Company/ Connecticut General Life Insurance Company	POS/PPO Combined	1-866-GET-Cigna (1-866-438-2446) 24 hours a day, 7 days a week <a href="http://www.cigna.com">www.cigna.com</a>	Connecticut General Life Insurance Company is doing business as Cigna and is a for-profit POS and PPO.
<b>Coventry (HMO)</b>	Coventry Health Care of Delaware, Inc.	HMO/POS Combined	1-800-833-7423 Monday–Friday, 8:00 AM–5:00 PM <a href="http://www.coventryhealthcare.com">www.coventryhealthcare.com</a>	Coventry Health Care of Delaware, Inc. is a for-profit HMO and has a for-profit PPO offered by Coventry Health and Life Insurance Company.
<b>Coventry (PPO)</b>	Coventry Health and Life Insurance Company	PPO		
<b>Kaiser Permanente (HMO)</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	HMO/POS Combined	1-800-245-3181 24 hours a day, 7 days a week <a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>	Each independent Kaiser Permanente Medical Group in Maryland operates as a separate for-profit HMO plan and is primarily funded by reimbursements from the Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>KPIC (PPO)</b>	Kaiser Permanente Insurance Company	POS		Kaiser Permanente Insurance Company is a for-profit POS.

*continued*



# I. HEALTH BENEFIT PLAN INFORMATION

## MARYLAND HEALTH BENEFIT PLANS REPORTING IN 2014

Maryland Health Benefit Plans Reporting in 2014 *continued*

Report-Level Name	Health Plan Name	Product Type	Contact Information	Tax Status and Ownership
<b>MD-IPA (HMO)</b>	(UnitedHealthcare) Maryland Individual Practice Association, Inc.	HMO/POS Combined	1-800-307-7820 TTY: 711 (Maryland only) 24 hours a day, 7 days a week <a href="http://www.myuhc.com">www.myuhc.com</a>	MD-IPA and Optimum Choice, for-profit HMOs, are owned and operated by a regional holding company and are subsidiaries of UnitedHealth Group, Inc.
<b>Optimum Choice (HMO)</b>	(UnitedHealthcare) Optimum Choice, Inc.	HMO/POS Combined		
<b>UnitedHealthcare (HMO)</b>	UnitedHealthcare of the Mid-Atlantic, Inc.	HMO	1-800-307-7820 TTY: 711 (Maryland only) 24 hours a day, 7 days a week <a href="http://www.uhc.com">www.uhc.com</a>	UnitedHealthcare of the Mid-Atlantic, Inc. is a for-profit HMO plan and a subsidiary of United- Health Group, Inc.
<b>MAMSI (PPO)</b>	(UnitedHealthcare) MAMSI Life and Health Insurance Company	PPO		UnitedHealthcare Insurance Company (Maryland) and MAMSI Life and Health Insurance Company are both for-profit PPO plans and subsidiaries of UnitedHealth Group, Inc.
<b>UnitedHealthcare (PPO)</b>	UnitedHealthcare Insurance Company (Maryland)	PPO/POS/EPO Combined		



## I. HEALTH BENEFIT PLAN INFORMATION

### Managed Behavioral Health Care Organizations (MBHOs)

Behavioral health care services include mental health services as well as services for mood, behavioral, and addictive disorders such as the abuse of alcohol or other substances. Behavioral health care services are provided through the health benefit plan's own provider network or through a contractual arrangement with a behavioral health care services vendor. Members have access to these services based on the benefits package linked to their contract. These charts provide information on who is providing the behavioral health care services for each health benefit plan.

Report Level Name of MBHO Providing Behavioral Health Care Services	
HMO	Name of MBHO
<b>Aetna</b>	Aetna Behavioral Health Pennsylvania
<b>CareFirst BlueChoice</b>	Magellan Health Services
<b>Coventry</b>	MHNet Behavioral Health
<b>Kaiser Permanente</b>	Kaiser Permanente Health Plan of the Mid-Atlantic States
<b>MD-IPA</b>	United Behavioral Health
<b>Optimum Choice</b>	United Behavioral Health
<b>UnitedHealthcare</b>	United Behavioral Health
PPO	Name of MBHO
<b>Aetna</b>	Aetna Behavioral Health Pennsylvania
<b>CareFirst GHMSI</b>	CareFirst's regional provider network; Magellan Health Services – for utilization and care management services
<b>CareFirst CFMI</b>	
<b>Cigna</b>	Cigna Behavioral Health, Inc.
<b>Coventry</b>	MHNet Behavioral Health
<b>KPIC</b>	Kaiser Permanente Health Plan of the Mid-Atlantic States
<b>MAMSI</b>	United Behavioral Health
<b>UnitedHealthcare</b>	United Behavioral Health



# I. HEALTH BENEFIT PLAN INFORMATION

## Behavioral Health Care Providers in Maryland

Total Behavioral Health Care Providers (Maryland)												
HMO	Psychiatrists	Physicians, Certified in Addiction Medicine	Psychologists	Social Workers	Licensed Social Work Associates	Nurse Psychotherapists	Nurse Practitioners	Registered Nurses	Licensed Therapists and Counselors	Alcohol and Drug Counselors	Other Professional Titles: Applied Behavioral Analysts – Autism Treatment	All Professionals (TOTAL)
Aetna	556	1	427	1,309	0	96	0	0	755	23	0	3,167
CareFirst BlueChoice	542	0	514	1,712	0	166	1,475	0	1,043	0	0	5,452
Coventry	270	0	149	539	0	0	28	0	291	0	0	1,277
Kaiser Permanente	353	1	267	473	0	27	9	0	153	5	0	1,288
MD-IPA	454	4	470	1,036	0	114	12	0	435	0	0	2,525
Optimum Choice	454	4	470	1,036	0	114	12	0	435	0	0	2,525
UnitedHealthcare	442	4	459	1,022	0	113	12	0	432	0	0	2,484
PPO												
Aetna	571	1	432	1,342	0	104	0	0	770	24	0	3,244
CareFirst GHMSI	1,167	0	964	2,400	0	95	1,678	0	1,215	1	0	7,520
CareFirst CFMI	1,167	0	964	2,400	0	95	1,678	0	1,215	1	0	7,520
Cigna	353	10	274	796	0	66	0	0	443	10	13	1,965
Coventry	270	0	149	539	0	0	28	0	291	0	0	1,277
KPIC	630	1	531	919	0	27	9	0	387	8	0	2,512
MAMSI	454	4	470	1,036	0	114	12	0	435	0	0	2,525
UnitedHealthcare	454	4	470	1,036	0	114	12	0	435	0	0	2,525

Data Source: HEDIS® Submission, Maryland Plan BHA Submission or Health Benefit Plan Records





# I. HEALTH BENEFIT PLAN INFORMATION

## Health Benefit Plan Board and State Certification Status

Board and State Certification Status of Provider Network*								
HMO	Family Medicine	Internal Medicine	OB/GYN Physicians	Pediatricians	Geriatricians	Psychiatrists	Other Physician Specialists (non BH)	Behavioral Health Specialists (non MD)
Aetna	80.2%	77.2%	73.1%	86.4%	66.7%	79.5%	73.1%	82.4%
CareFirst BlueChoice	80.5%	84.2%	66.4%	84.0%	78.3%	76.6%	68.8%	90.1%
Coventry	70.9%	72.7%	70.7%	82.6%	66.7%	30.4%	74.2%	78.9%
Kaiser Permanente	87.8%	83.5%	83.9%	92.4%	97.9%	88.1%	88.4%	74.9%
MD-IPA	76.4%	79.1%	85.1%	87.0%	68.8%	81.5%	83.1%	82.0%
Optimum Choice	76.4%	79.1%	85.1%	87.0%	83.1%	81.5%	83.1%	82.0%
UnitedHealthcare	65.0%	75.3%	85.9%	86.1%	66.7%	81.5%	83.0%	82.2%
PPO								
Aetna	81.6%	77.2%	74.1%	85.2%	62.4%	77.2%	72.3%	82.4%
CareFirst GHMSI	79.1%	83.1%	64.5%	84.0%	77.5%	57.9%	68.0%	84.5%
CareFirst CFMI	79.1%	83.1%	64.5%	84.0%	77.5%	57.9%	68.0%	84.5%
Cigna	72.0%	79.3%	48.5%	74.0%	69.8%	73.7%	70.4%	81.4%
Coventry	70.9%	72.7%	70.7%	82.6%	66.7%	30.4%	74.2%	78.9%
KPIC	85.6%	83.7%	82.3%	87.4%	92.3%	85.4%	84.2%	72.6%
MAMSI	76.4%	79.1%	85.1%	86.9%	68.8%	81.5%	83.1%	82.0%
UnitedHealthcare	76.3%	79.0%	85.3%	87.0%	68.4%	81.5%	83.2%	82.0%

\* Percentage of Board and State Certified Providers – a provider who is board or State certified and credentialed to work in multiple disciplines will be counted in each relevant discipline in the chart.

Data Source: HEDIS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### CARRIER DISPARITIES INITIATIVES

**Aetna – Number of Providers by Specialty and County/Jurisdiction**

Region	County/ Jurisdiction	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
		HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO
Western Maryland	Allegany	1	15	13	51	6	15	3	16	2	3	0	8	30	126	4	46
	Garrett	0	19	0	4	0	0	0	0	0	2	0	1	16	36	1	5
	Washington	57	59	82	82	27	27	47	49	0	0	36	37	433	435	147	147
Southern Maryland	Calvert	19	22	79	79	28	28	18	18	1	1	9	9	692	688	84	84
	Charles	97	98	103	108	31	33	45	45	1	1	3	3	544	547	76	78
	St. Mary's	31	31	74	75	11	11	38	38	0	0	7	6	228	233	34	32
Eastern Shore	Caroline	6	18	0	2	1	2	0	1	0	0	0	0	1	2	0	2
	Cecil	47	47	23	22	16	16	19	19	0	0	7	7	143	146	70	72
	Dorchester	1	10	2	9	5	7	3	4	0	0	1	12	47	62	8	22
	Kent	4	4	18	20	6	7	2	2	0	1	0	0	246	244	13	13
	Queen Anne's	17	17	9	8	21	21	21	21	0	0	4	4	135	137	46	47
	Somerset	0	1	2	5	9	9	5	7	0	0	1	1	4	7	5	14
	Talbot	20	20	31	30	14	15	14	14	0	0	8	8	186	190	41	40
	Wicomico	8	8	52	53	37	37	33	36	0	0	14	14	258	265	72	76
	Worcester	5	32	28	35	3	7	2	4	1	1	0	3	85	103	2	24
National Capital	Frederick	107	108	93	102	84	84	160	159	2	2	37	38	968	987	176	175
	Montgomery	282	291	729	751	524	539	366	399	7	9	85	86	3,719	3,943	532	536
	Prince George's	196	202	588	607	251	263	187	187	7	11	42	43	2,522	2,640	308	303
Baltimore	Anne Arundel	461	469	571	581	205	209	259	264	9	11	46	47	3,035	3,014	412	408
	Baltimore	650	655	1,471	1,461	361	369	243	243	49	53	168	167	8,166	7,995	745	735
	Baltimore City	353	353	1,857	1,867	583	587	652	663	55	58	262	262	8,615	8,657	367	366
	Carroll	66	67	88	86	44	44	48	50	3	3	36	34	1,371	1,329	217	219
	Harford	163	166	206	209	52	53	88	91	2	2	28	28	1,762	1,748	214	212
	Howard	108	108	296	288	142	141	93	93	7	9	61	54	1,680	1,673	299	291
	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Data Source: Maryland Plan BHA Submission, Maryland Health Plan QP Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### CARRIER DISPARITIES INITIATIVES

**CareFirst BlueChoice/GHMSI/CFMI – Number of Providers by Specialty and County/Jurisdiction**

Region	County/ Jurisdiction	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
		HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO
Western Maryland	Allegany	26	25	73	77	13	11	22	24	8	8	8	69	122	124	37	42
	Garrett	12	12	3	2	0	0	0	0	0	0	0	7	16	18	3	5
	Washington	65	59	94	96	25	22	63	48	4	3	22	165	254	254	106	82
Southern Maryland	Calvert	35	29	102	105	20	27	39	32	7	7	7	76	238	227	61	46
	Charles	56	55	82	83	24	21	39	33	3	3	3	49	211	213	61	66
	St. Mary's	18	26	61	69	6	7	42	35	8	6	7	57	192	196	33	30
Eastern Shore	Caroline	21	19	4	5	0	0	1	1	0	0	0	5	14	15	1	0
	Cecil	45	44	58	68	16	17	28	28	1	2	6	117	132	141	75	49
	Dorchester	10	8	7	10	4	4	3	3	1	1	5	63	35	37	18	15
	Kent	10	10	21	20	4	5	5	5	1	1	1	17	46	52	12	7
	Queen Anne's	13	15	13	12	14	16	17	16	0	0	2	52	118	124	49	31
	Somerset	1	3	5	4	10	10	5	6	0	0	3	20	13	15	20	7
	Talbot	18	18	48	46	12	14	10	10	1	1	7	62	136	129	32	12
	Wicomico	12	13	90	86	31	32	48	46	4	3	15	128	220	217	72	31
	Worcester	24	27	52	53	5	4	3	3	1	2	0	32	145	138	23	10
National Capital	Frederick	104	115	101	111	49	45	186	180	9	10	32	234	488	464	151	107
	Montgomery	228	257	821	819	326	303	538	474	33	34	77	948	1,991	2,097	470	247
	Prince George's	115	129	547	569	143	119	208	201	23	22	32	346	1,171	1,182	233	224
Baltimore	Anne Arundel	323	377	517	534	136	150	339	300	21	9	31	435	1,229	1,248	343	232
	Baltimore	411	429	1,039	1,070	219	226	263	253	50	41	134	1,164	2,080	2,097	630	352
	Baltimore City	256	289	1,806	1,916	388	360	600	630	63	73	80	1,100	3,913	4,011	388	218
	Carroll	54	53	108	98	24	20	45	43	5	3	16	217	263	263	168	100
	Harford	154	161	203	190	40	39	112	105	3	1	17	227	477	470	200	113
	Howard	151	158	285	269	64	60	122	118	10	6	37	408	581	565	249	137
	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Data Source: Maryland Plan BHA Submission, Maryland Health Plan QP Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### CARRIER DISPARITIES INITIATIVES

Cigna – Number of Providers by Specialty and County/Jurisdiction									
Region	County/ Jurisdiction	Family Medicine	Internal Medicine	OB/GYN Physicians	Pediatricians	Geriatricians	Psychiatrists	Other Physician Specialists (non BH)	Behavioral Health Specialists (non MD)
		POS/PPO							
Western Maryland	Allegany	33	70	15	22	0	7	186	19
	Garrett	30	8	3	0	4	0	39	0
	Washington	90	99	35	65	1	19	342	35
Southern Maryland	Calvert	30	70	17	21	1	9	161	45
	Charles	50	87	42	46	0	3	217	30
	St. Mary's	20	35	9	20	1	7	86	25
Eastern Shore	Caroline	20	4	0	2	0	0	1	2
	Cecil	56	28	16	17	0	9	153	27
	Dorchester	11	19	0	3	0	7	39	12
	Kent	25	10	7	5	0	0	34	9
	Queen Anne's	12	19	2	4	0	3	20	26
	Somerset	5	10	2	2	0	2	33	3
	Talbot	28	55	23	21	1	5	166	17
	Wicomico	24	91	32	32	0	8	313	21
	Worcester	24	23	5	4	1	1	61	9
National Capital	Frederick	94	110	34	63	4	26	431	123
	Montgomery	290	724	384	479	11	82	2,673	270
	Prince George's	242	448	154	180	10	36	1,454	121
Baltimore	Anne Arundel	187	418	180	179	7	26	1,159	270
	Baltimore	242	939	250	292	22	133	2,390	508
	Baltimore City	174	1,314	312	471	58	48	5,480	169
	Carroll	69	77	28	49	2	13	230	135
	Harford	71	120	38	84	4	17	299	125
	Howard	61	182	74	87	5	51	541	179
	Unknown	0	0	0	0	0	0	0	0

Data Source: Maryland Plan BHA Submission, Maryland Health Plan QP Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### CARRIER DISPARITIES INITIATIVES

**Coventry – Number of Providers by Specialty and County/Jurisdiction**

Region	County/ Jurisdiction	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
		HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO
Western Maryland	Allegany	7	7	9	9	6	6	10	10	1	1	0	0	28	28	8	8
	Garrett	4	4	1	1	0	0	0	0	0	0	0	0	3	3	0	0
	Washington	36	36	26	26	16	16	30	30	1	1	1	1	132	132	17	17
Southern Maryland	Calvert	13	13	36	36	12	12	6	6	3	3	1	1	99	99	15	15
	Charles	61	61	36	36	19	19	24	24	0	0	0	0	132	132	7	7
	St. Mary's	20	20	27	27	7	7	12	12	1	1	0	0	108	108	4	4
Eastern Shore	Caroline	20	20	6	6	0	0	3	3	0	0	0	0	0	0	1	1
	Cecil	29	29	7	7	8	8	10	10	1	1	6	6	84	84	53	53
	Dorchester	11	11	4	4	4	4	3	3	0	0	7	7	35	35	19	19
	Kent	8	8	5	5	3	3	2	2	0	0	3	3	35	35	9	9
	Queen Anne's	18	18	6	6	15	15	16	16	0	0	2	2	73	73	13	13
	Somerset	1	1	3	3	12	12	4	4	0	0	2	2	5	5	6	6
	Talbot	25	25	11	11	10	10	10	10	0	0	10	10	115	115	25	25
	Wicomico	8	8	28	28	33	33	20	20	0	0	17	17	149	149	51	51
	Worcester	18	18	11	11	4	4	4	4	0	0	1	1	88	88	17	17
National Capital	Frederick	92	92	15	15	35	35	127	127	7	7	15	15	159	159	42	42
	Montgomery	80	80	161	161	182	182	179	179	4	4	3	3	1,029	1,029	47	47
	Prince George's	100	100	155	155	116	116	95	95	4	4	6	6	720	720	25	25
Baltimore	Anne Arundel	218	218	200	200	151	151	148	148	9	9	9	9	611	611	84	84
	Baltimore	292	292	419	419	237	237	152	152	27	27	105	105	1,395	1,395	222	272
	Baltimore City	161	161	314	314	302	302	142	142	28	28	38	38	2,726	2,726	155	155
	Carroll	45	45	30	30	37	37	24	24	3	3	8	8	207	207	54	54
	Harford	111	111	80	80	35	35	47	47	2	2	8	8	331	331	85	85
	Howard	68	68	74	74	65	65	49	49	3	3	29	29	390	390	52	52
	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Data Source: Maryland Plan BHA Submission, Maryland Health Plan QP Submission or Health Benefit Plan Records





## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### CARRIER DISPARITIES INITIATIVES

**Kaiser Permanente/KPIC – Number of Providers by Specialty and County/Jurisdiction**

Region	County/ Jurisdiction	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
		HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO
Western Maryland	Allegany	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Garrett	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Washington	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Southern Maryland	Calvert	10	14	11	35	3	10	8	18	2	2	1	4	35	96	17	46
	Charles	9	30	26	51	1	9	6	21	3	3	1	3	36	88	25	45
	St. Mary's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eastern Shore	Caroline	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Cecil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Dorchester	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Queen Anne's	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Somerset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Talbot	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wicomico	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Worcester	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
National Capital	Frederick	8	52	25	46	18	39	3	31	0	0	17	21	76	229	54	86
	Montgomery	55	149	280	487	129	260	58	205	6	6	36	70	712	1,809	214	343
	Prince George's	53	108	185	307	48	82	40	104	6	6	16	29	255	664	96	171
Baltimore	Anne Arundel	51	130	87	187	61	84	17	86	4	4	8	23	293	741	101	181
	Baltimore	58	161	229	493	87	195	45	164	7	12	123	139	923	1,887	194	335
	Baltimore City	8	70	98	520	261	413	26	222	35	44	201	352	3,275	6,289	111	287
	Carroll	5	33	12	41	0	10	4	17	0	0	6	8	56	125	40	86
	Harford	8	39	20	69	5	20	11	48	1	1	2	8	86	221	40	94
	Howard	21	57	64	124	57	100	20	60	1	2	32	39	225	433	106	178
	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Data Source: Maryland Plan BHA Submission, Maryland Health Plan QP Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### CARRIER DISPARITIES INITIATIVES

UnitedHealthcare – Number of Providers by Specialty and County/Jurisdiction																	
Region	County/ Jurisdiction	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
		MD-IPA HMO	Optimum Choice HMO	MD-IPA HMO	Optimum Choice HMO	MD-IPA HMO	Optimum Choice HMO	MD-IPA HMO	Optimum Choice HMO	MD-IPA HMO	Optimum Choice HMO	MD-IPA HMO	Optimum Choice HMO	MD-IPA HMO	Optimum Choice HMO	MD-IPA HMO	Optimum Choice HMO
Western Maryland	Allegany	14	14	32	33	8	8	12	12	1	1	4	4	58	68	2	2
	Garrett	12	12	3	3	0	0	0	0	0	0	0	0	6	7	1	1
	Washington	38	38	34	36	9	9	16	16	2	2	12	12	84	84	6	6
Southern Maryland	Calvert	19	19	33	33	12	12	15	15	0	0	4	4	83	84	3	3
	Charles	48	48	69	69	25	25	40	40	1	1	1	1	185	185	2	2
	St. Mary's	20	20	33	33	8	8	17	17	2	2	3	3	67	67	2	2
Eastern Shore	Caroline	10	11	0	0	0	0	1	1	0	0	0	0	0	0	1	1
	Cecil	33	33	6	11	4	5	6	8	1	1	2	2	30	63	6	6
	Dorchester	7	7	5	5	0	0	1	1	0	0	2	2	11	11	0	0
	Kent	7	7	6	6	1	1	1	1	0	0	0	0	12	12	2	2
	Queen Anne's	16	16	5	5	0	0	2	2	7	0	1	1	7	7	1	1
	Somerset	2	2	1	1	1	1	2	2	0	0	0	0	0	0	0	0
	Talbot	8	8	13	13	8	8	12	12	0	0	0	0	56	58	2	2
	Wicomico	13	16	41	48	17	17	20	20	1	1	5	5	125	126	2	2
	Worcester	18	18	9	9	2	2	1	1	0	0	0	0	19	19	0	0
National Capital	Frederick	53	53	33	33	6	6	37	37	1	1	6	6	153	153	7	7
	Montgomery	153	153	346	346	147	147	241	241	8	8	35	35	1,088	1,090	47	47
	Prince George's	158	158	280	281	110	111	151	152	6	6	10	10	714	717	8	8
Baltimore	Anne Arundel	95	95	189	189	77	77	94	94	5	5	12	12	400	401	10	10
	Baltimore	123	123	420	420	137	137	144	145	18	18	26	26	827	828	24	24
	Baltimore City	91	91	618	618	96	98	188	190	27	27	10	10	1,338	1,339	11	11
	Carroll	33	33	45	45	13	14	24	24	1	1	5	5	90	90	8	8
	Harford	38	39	86	86	34	34	74	75	2	2	1	1	267	268	4	4
	Howard	43	43	109	109	135	135	56	56	5	5	17	17	280	280	19	19
	Unknown	2	2	26	26	12	12	4	4	0	0	0	0	88	89	0	0

Data Source: Maryland Plan BHA Submission, Maryland Health Plan QP Submission or Health Benefit Plan Records

continued



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### CARRIER DISPARITIES INITIATIVES

**UnitedHealthcare – Number of Providers by Specialty and County/Jurisdiction** continued

Region	County/ Jurisdiction	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
		United- Healthcare HMO	MAMSI PPO	United- Healthcare HMO	MAMSI PPO	United- Healthcare HMO	MAMSI PPO	United- Healthcare HMO	MAMSI PPO	United- Healthcare HMO	MAMSI PPO	United- Healthcare HMO	MAMSI PPO	United- Healthcare HMO	MAMSI PPO	United- Healthcare HMO	MAMSI PPO
Western Maryland	Allegany	14	13	32	29	8	8	12	12	1	1	4	4	58	52	2	2
	Garrett	12	12	3	2	0	0	0	0	0	0	0	0	6	6	0	1
	Washington	38	36	33	34	9	9	16	16	2	2	12	12	84	81	6	6
Southern Maryland	Calvert	19	19	33	32	12	11	15	15	0	0	4	4	82	81	3	3
	Charles	48	65	69	73	25	23	40	38	1	2	1	1	185	184	2	2
	St. Mary's	20	22	33	32	8	8	17	14	2	2	3	3	67	65	2	2
Eastern Shore	Caroline	10	10	0	0	0	0	1	1	0	0	0	0	0	0	1	1
	Cecil	33	32	6	6	4	3	6	5	1	1	2	2	30	29	6	6
	Dorchester	7	7	5	5	0	0	1	1	0	0	2	2	11	11	0	0
	Kent	7	6	6	6	1	1	1	1	0	0	0	0	12	12	2	2
	Queen Anne's	16	16	5	3	2	0	1	1	0	0	1	1	8	1	1	1
	Somerset	2	1	1	1	1	0	2	2	0	0	0	0	0	0	0	0
	Talbot	8	8	13	14	8	8	12	12	0	0	0	0	56	56	2	2
	Wicomico	13	13	41	41	17	18	20	18	1	1	5	5	125	125	2	2
	Worcester	18	17	9	8	2	2	1	1	0	0	0	0	19	15	0	0
National Capital	Frederick	53	52	33	26	6	6	37	33	1	1	6	6	152	131	7	7
	Montgomery	152	133	341	294	147	115	241	211	8	8	35	35	1,081	860	47	47
	Prince George's	157	114	279	245	110	93	151	138	6	5	10	10	715	616	8	8
Baltimore	Anne Arundel	95	91	189	183	77	74	94	87	5	6	12	12	399	349	10	10
	Baltimore	123	106	418	413	136	130	144	143	18	17	26	26	827	798	24	24
	Baltimore City	91	76	618	596	96	91	189	170	27	26	10	10	1,337	1,254	11	11
	Carroll	33	32	45	45	13	13	24	22	1	1	5	5	90	86	8	8
	Harford	38	38	86	87	34	38	73	80	2	2	1	1	267	282	4	4
	Howard	43	45	107	104	135	135	56	59	5	5	17	17	280	285	19	19
	Unknown	2	1	26	26	12	11	4	4	0	0	0	0	88	87	0	0

Data Source: Maryland Plan BHA Submission, Maryland Health Plan QP Submission or Health Benefit Plan Records

continued



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### CARRIER DISPARITIES INITIATIVES

UnitedHealthcare – Number of Providers by Specialty and County/Jurisdiction <small>continued</small>									
Region	County/ Jurisdiction	Family Medicine	Internal Medicine	OB/GYN Physicians	Pediatricians	Geriatricians	Psychiatrists	Other Physician Specialists (non BH)	Behavioral Health Specialists (non MD)
UnitedHealthcare PPO									
Western Maryland	Allegany	13	29	8	12	1	4	58	2
	Garrett	12	2	0	0	0	0	6	1
	Washington	36	35	9	16	2	12	85	6
Southern Maryland	Calvert	18	33	11	15	0	4	80	3
	Charles	46	64	23	37	1	1	168	2
	St. Mary's	20	30	8	14	2	3	59	2
Eastern Shore	Caroline	10	0	0	1	0	0	0	1
	Cecil	32	7	5	6	1	2	30	6
	Dorchester	7	5	0	1	0	2	11	0
	Kent	7	6	1	1	0	0	12	2
	Queen Anne's	16	4	0	2	0	1	6	1
	Somerset	1	1	1	2	0	0	0	0
	Talbot	8	13	8	12	0	0	54	2
	Wicomico	13	41	17	18	1	5	123	2
National Capital	Worcester	18	9	2	1	0	0	18	0
	Frederick	53	31	6	34	1	6	142	7
	Montgomery	132	295	115	211	8	35	860	47
Baltimore	Prince George's	111	231	89	135	5	10	575	8
	Anne Arundel	94	184	76	87	5	12	363	10
	Baltimore	120	418	134	143	18	26	817	24
	Baltimore City	87	609	95	181	27	10	1,300	11
	Carroll	33	43	13	23	1	5	90	8
	Harford	38	85	33	74	2	1	264	4
	Howard	42	107	134	56	5	17	278	19
	Unknown	1	26	11	4	0	0	87	0

Data Source: Maryland Plan BHA Submission, Maryland Health Plan QP Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### Member Experience and Satisfaction with Health Benefit Plan

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey program is trademarked and overseen by the United States Department of Health and Human Services – Agency For Healthcare Research and Quality (AHRQ). The Maryland Health Care Commission has implemented use of the CAHPS® 5.0H, Adult Health Plan Survey as part of the Health Benefit Plan Quality and Performance Evaluation System. The CAHPS® Surveys each include a myriad of survey questions designed to capture health benefit plan member perspectives on health care quality.







## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Getting Needed Care

##### DESCRIPTION

A composite measure that assesses member experiences with getting needed care. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- ▶ **Q1.** In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?
- ▶ **Q2.** In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?

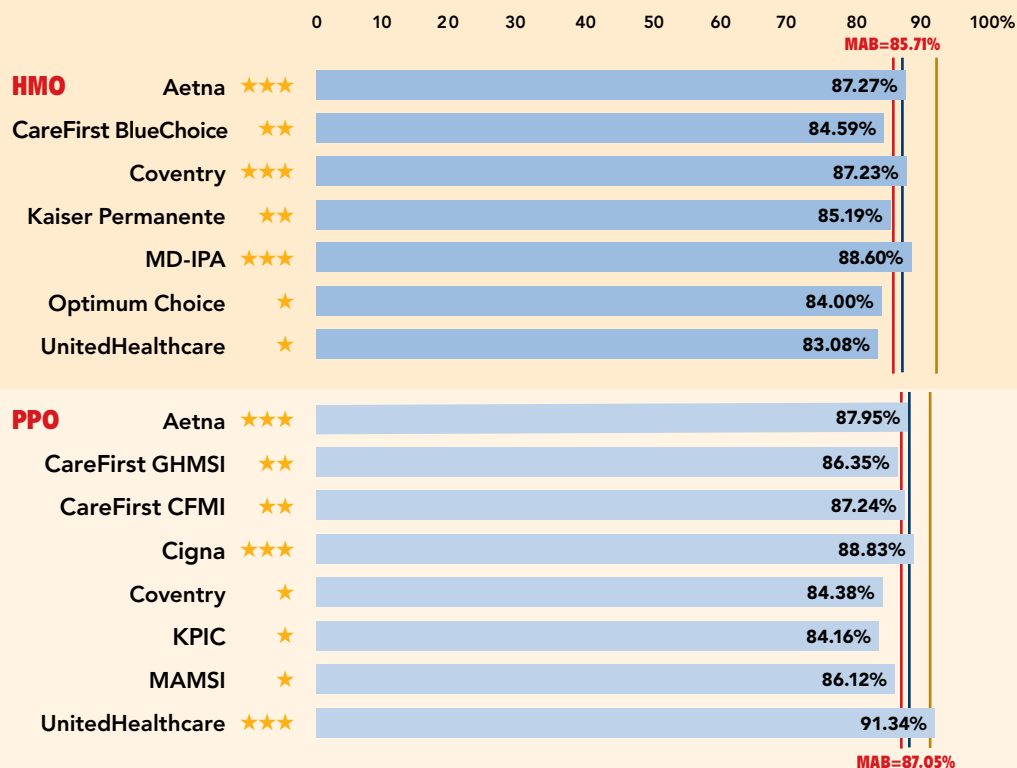
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always got the care they needed.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

*Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services*

#### GETTING NEEDED CARE



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

- MAB (MARYLAND AVERAGE)
- NAB (NATIONAL AVERAGE)
- NTP (NATIONAL TOP PERFORMERS)

Data Source: CAHPS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Getting Care Quickly

##### DESCRIPTION

A composite measure that assesses member experiences with getting care quickly. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- ▶ **Q1.** In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?
- ▶ **Q2.** In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

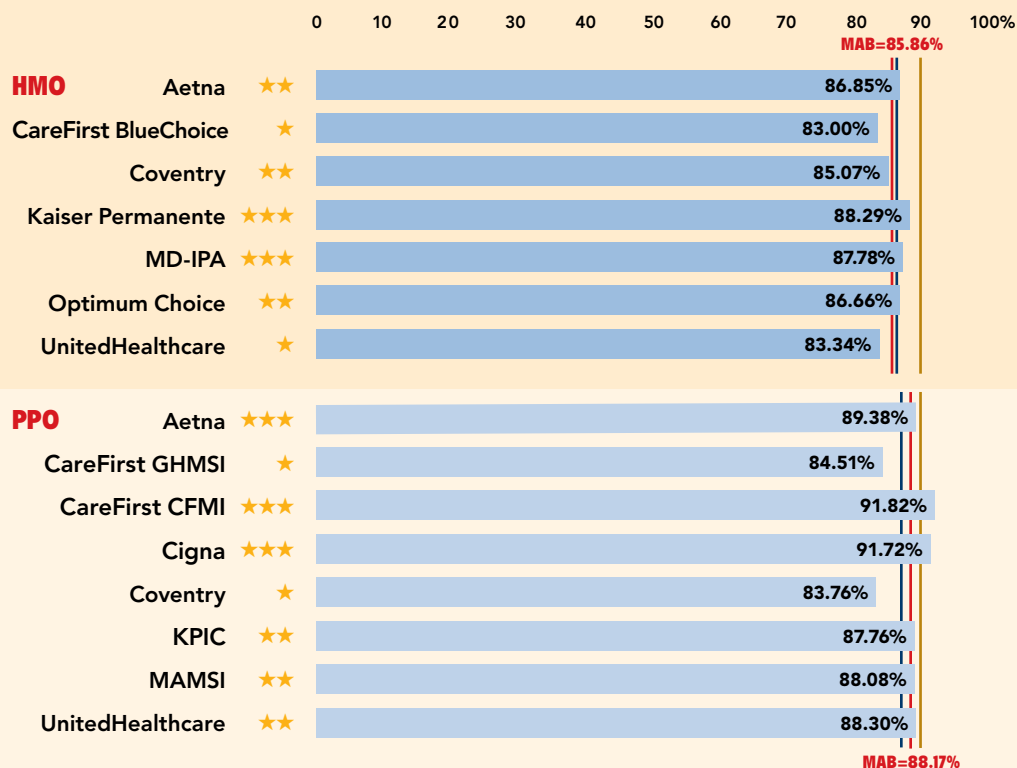
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always got care quickly.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

*Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services*

#### GETTING CARE QUICKLY



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

#### PERFORMANCE RATING

- ★★★★ BETTER THAN MARYLAND AVERAGE
- ★★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

- MAB (MARYLAND AVERAGE)
- NAB (NATIONAL AVERAGE)
- NTP (NATIONAL TOP PERFORMERS)

Data Source: CAHPS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### How Well Doctors Communicate

##### DESCRIPTION

A composite measure that assesses member experiences with how well doctors communicate. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following four related questions:

- ▶ **Q1.** In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?
- ▶ **Q2.** In the last 12 months, how often did your personal doctor listen carefully to you?
- ▶ **Q3.** In the last 12 months, how often did your personal doctor show respect for what you had to say?
- ▶ **Q4.** In the last 12 months, how often did your personal doctor spend enough time with you?

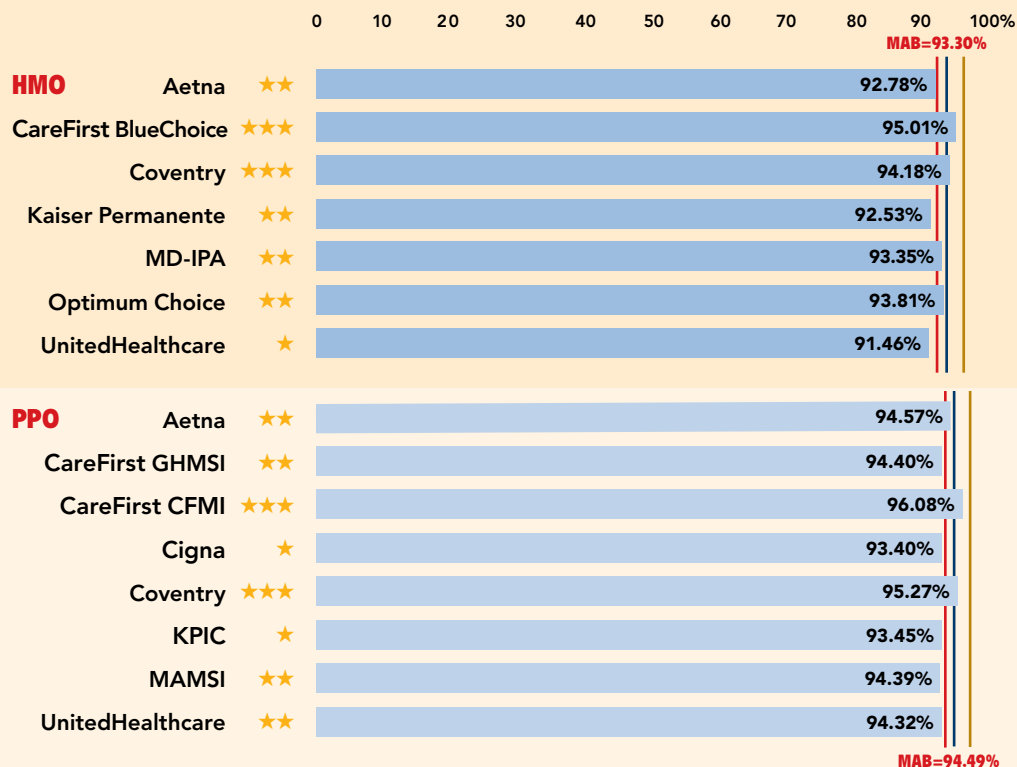
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel their personal doctor usually or always communicated well.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

*Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services*

#### HOW WELL DOCTORS COMMUNICATE



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

##### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

##### BENCHMARKS

- MAB (MARYLAND AVERAGE)
- NAB (NATIONAL AVERAGE)
- NTP (NATIONAL TOP PERFORMERS)

Data Source: CAHPS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Customer Service

##### DESCRIPTION

A composite measure that assesses member experiences with customer service. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- ▶ **Q1.** In the last 12 months, how often did your health plan's customer service staff give you the information or help you needed?
- ▶ **Q2.** In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?

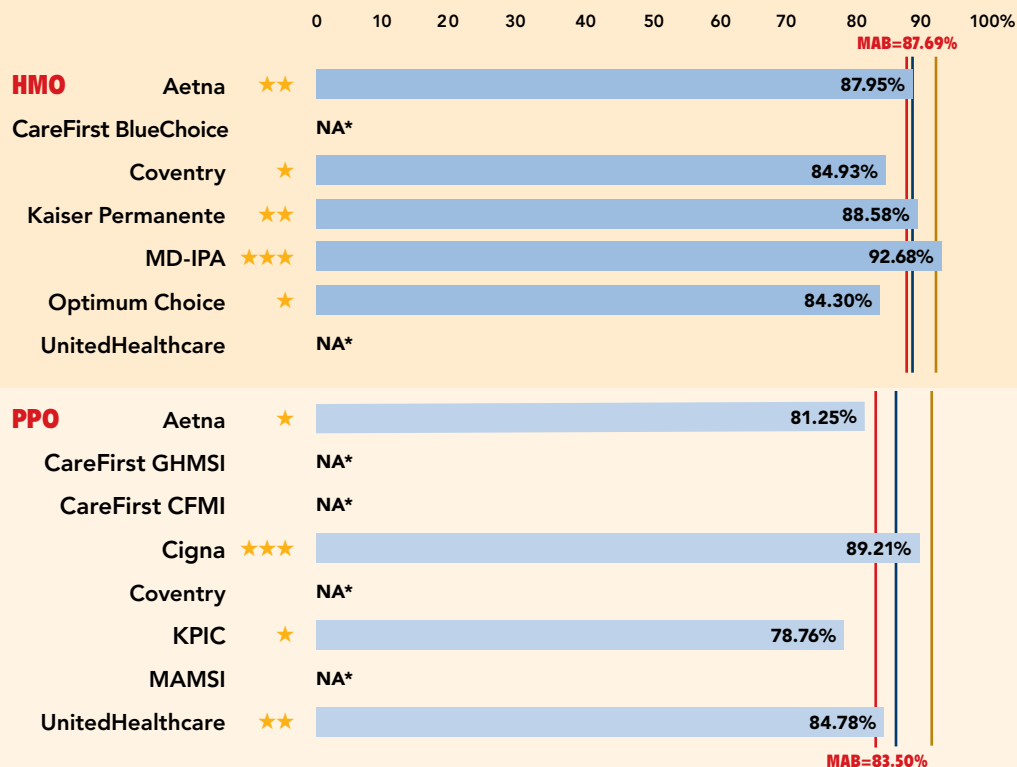
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always had a positive interaction with customer service.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

*Agency for Healthcare Research and Quality  
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#### CUSTOMER SERVICE



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

- MAB (MARYLAND AVERAGE)
- NAB (NATIONAL AVERAGE)
- NTP (NATIONAL TOP PERFORMERS)

NA\* Insufficient responses (fewer than 100) to calculate a rate

Data Source: CAHPS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Claims Processing

##### DESCRIPTION

A composite measure that assesses member experiences with claims processing. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- ▶ **Q1.** In the last 12 months, how often did your health plan handle your claims quickly?
- ▶ **Q2.** In the last 12 months, how often did your health plan handle your claims correctly?

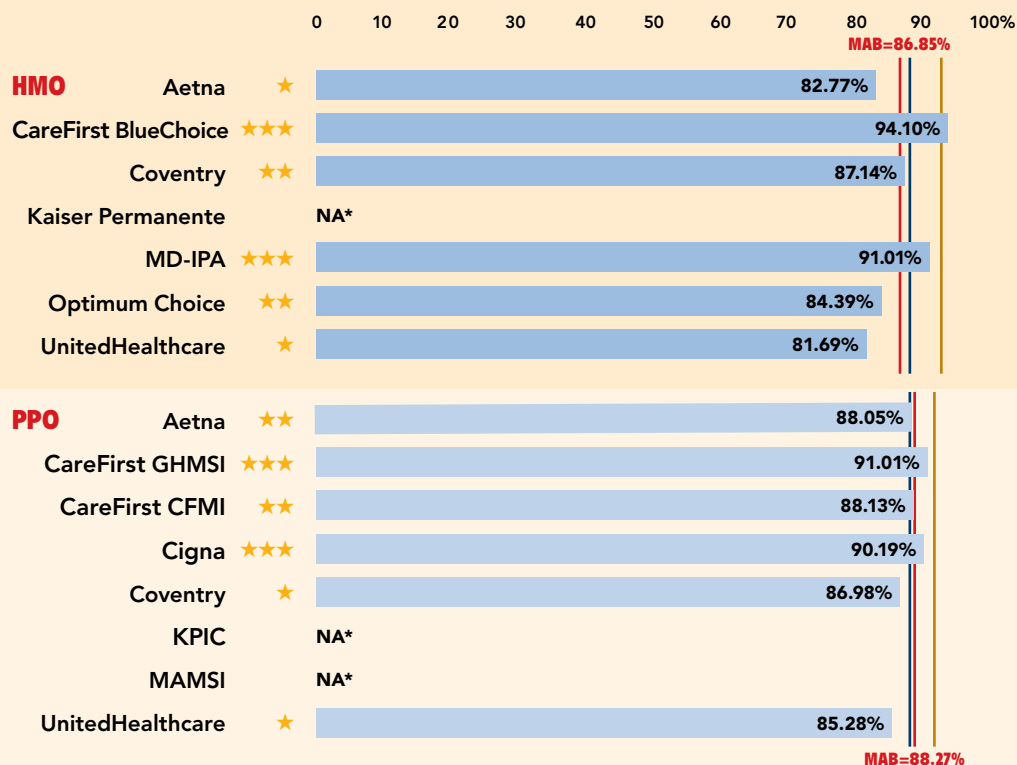
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always had a positive interaction with claims processing.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

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U.S. Department of Health and Human Services*

#### CLAIMS PROCESSING



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

- MAB (MARYLAND AVERAGE)
- NAB (NATIONAL AVERAGE)
- NTP (NATIONAL TOP PERFORMERS)

NA\* Insufficient responses (fewer than 100) to calculate a rate

Data Source: CAHPS® Submission or Health Benefit Plan Records





## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Shared Decision Making

##### DESCRIPTION

A composite measure that assesses member experiences with shared decision making. The composite score represents the percentage of survey participants who responded with "Yes, Some" or "Yes, A lot" for the following three related questions:

- ▶ **Q1.** When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?
- ▶ **Q2.** When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?
- ▶ **Q3.** When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

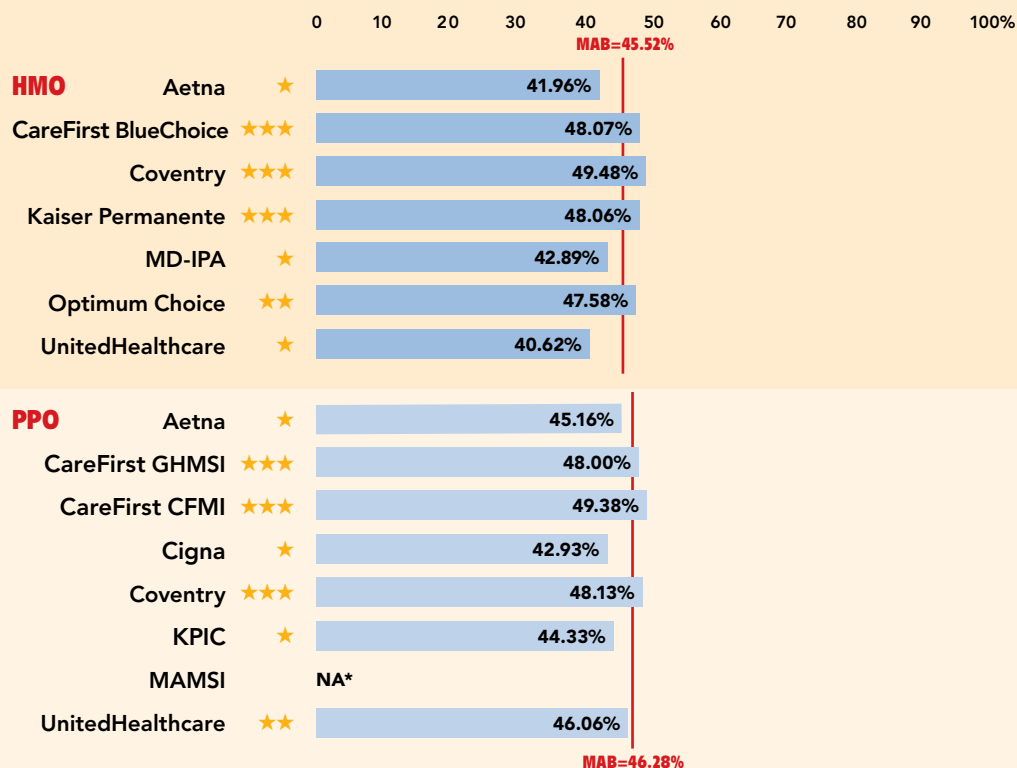
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they had a role in the decision making process with their doctor or other health provider.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

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#### SHARED DECISION MAKING



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

- MAB (MARYLAND AVERAGE)
- NAB (NATIONAL AVERAGE) – National benchmark not available
- NTP (NATIONAL TOP PERFORMERS) – National benchmark not available
- NA\* Insufficient responses (fewer than 100) to calculate a rate

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## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Plan Information on Costs

##### DESCRIPTION

A composite measure that assesses member experiences with plan information on costs. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- ▶ **Q1.** In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?
- ▶ **Q2.** In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

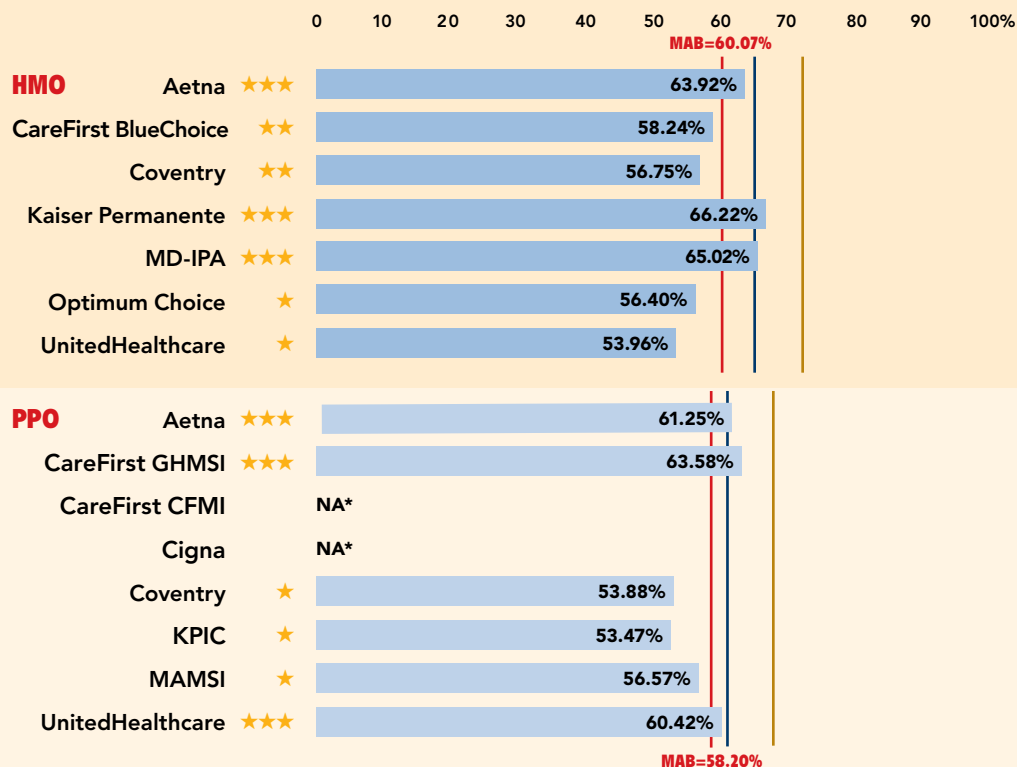
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always were able to find information from their plan on costs.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

*Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services*

#### PLAN INFORMATION ON COSTS



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

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- NTP (NATIONAL TOP PERFORMERS)

NA\* Insufficient responses (fewer than 100) to calculate a rate

Data Source: CAHPS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Health Promotion and Education

##### DESCRIPTION

A standard measure that assesses member experiences with health promotion and education. The standard score represents the percentage of survey participants who responded with "Yes" for the following question:

- **Q1.** In the last 12 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

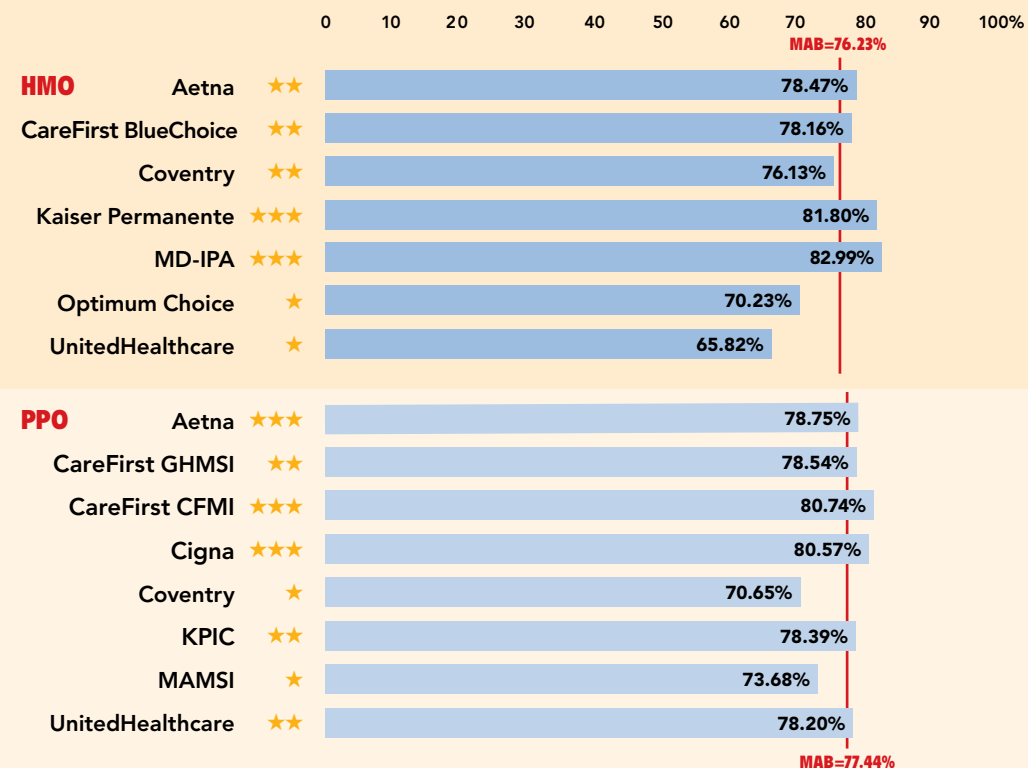
For this measure, a higher percentage is better and represents the proportion of survey respondents who spoke with their doctor or other health provider about preventative care.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

*Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services*

#### HEALTH PROMOTION AND EDUCATION



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

#### PERFORMANCE RATING

- ★★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

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- NTP (NATIONAL TOP PERFORMERS) – National benchmark not available

Data Source: CAHPS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Coordination of Care

##### DESCRIPTION

A standard measure that assesses member experiences with coordination of care. The standard score represents the percentage of survey participants who responded with "Usually" or "Always" for the following question:

- **Q1.** In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these [other] doctors or other health providers?

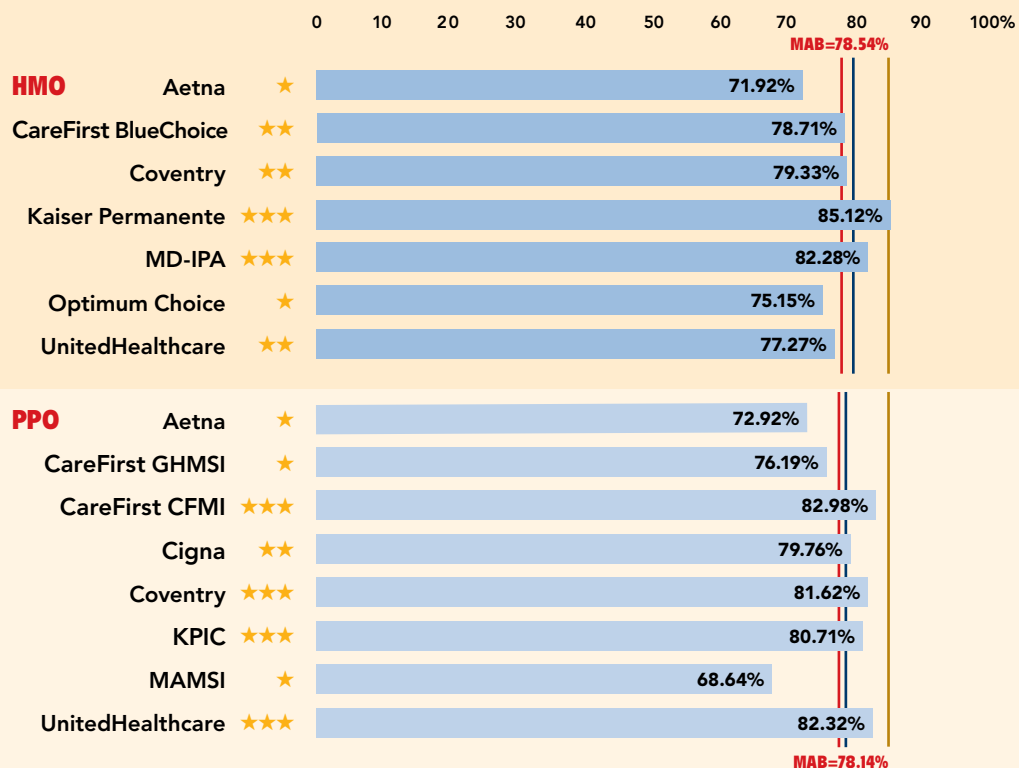
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel their doctor coordinated care with other doctors or health providers.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

*Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services*

#### COORDINATION OF CARE



More stars indicate better health benefit plan performance.

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#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

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- NTP (NATIONAL TOP PERFORMERS)

Data Source: CAHPS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Rating of All Health Care

##### DESCRIPTION

A standard measure that assesses member experiences with and rating of all health care. The standard score represents the percentage of survey participants who rated their health care an 8, 9 or 10 on a scale of 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible.

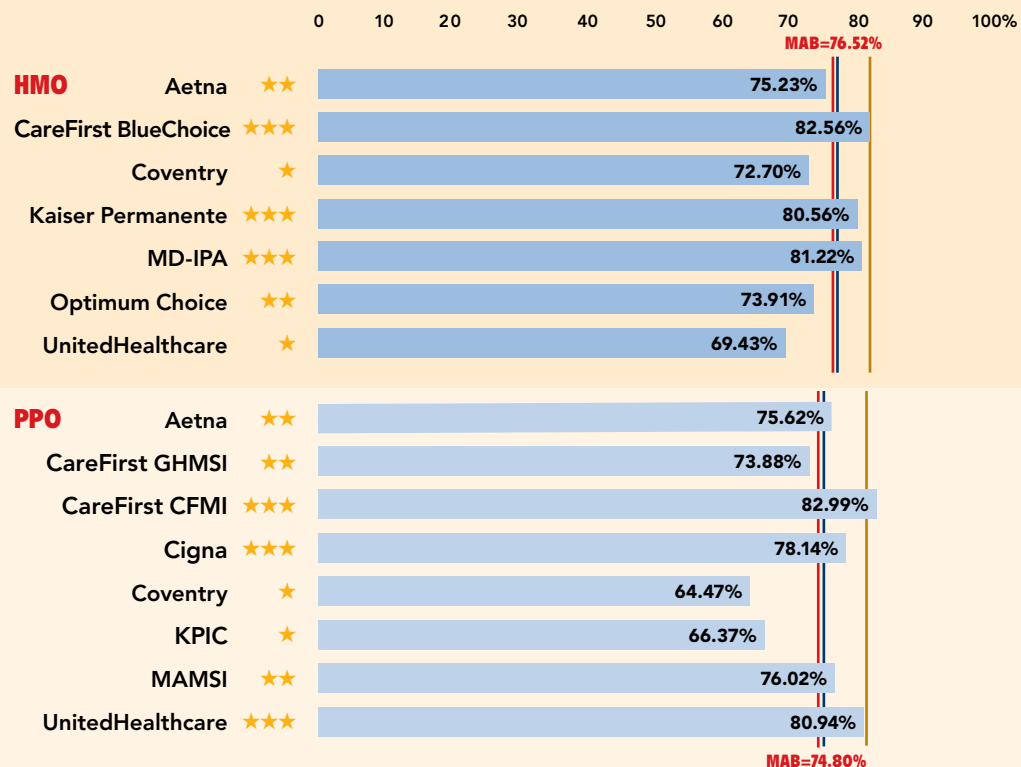
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel the health care they receive is good overall.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

Agency for Healthcare  
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U.S. Department of Health and  
Human Services

#### GOOD OVERALL RATING OF ALL HEALTH CARE



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

- MAB (MARYLAND AVERAGE)
- NAB (NATIONAL AVERAGE)
- NTP (NATIONAL TOP PERFORMERS)

Data Source: CAHPS® Submission or Health Benefit Plan Records





## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Rating of Personal Doctor

##### DESCRIPTION

A standard measure that assesses member experiences with and rating of their personal doctor. The standard score represents the percentage of survey participants who rated their personal doctor an 8, 9 or 10 on a scale of 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible.

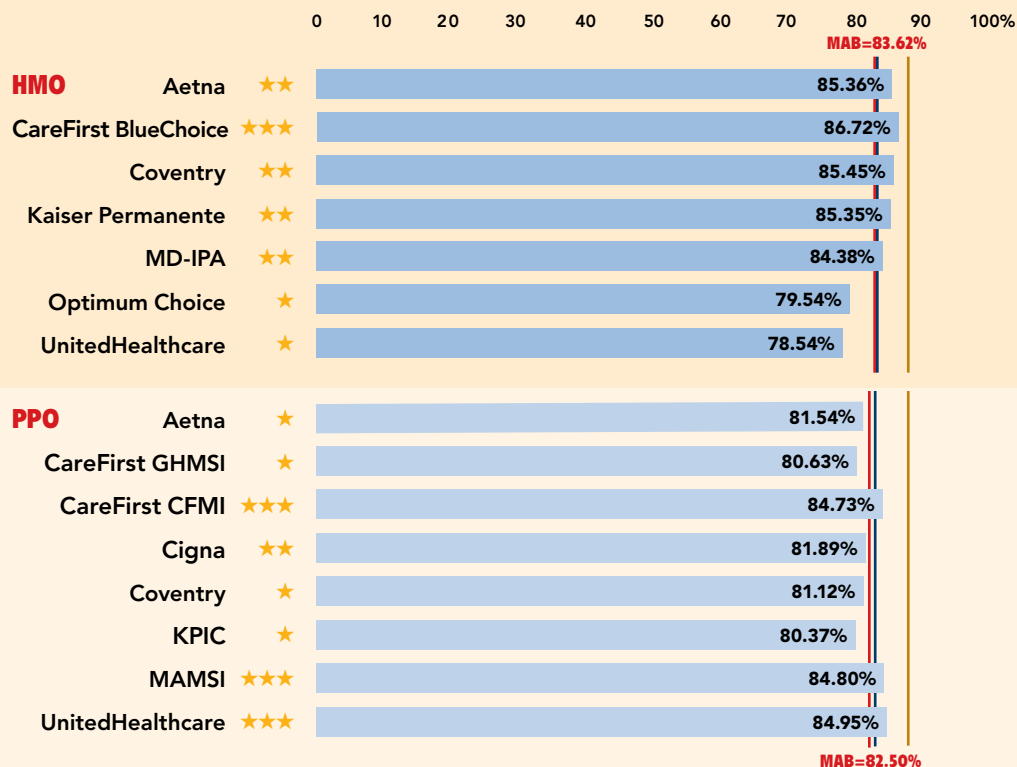
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel the care they receive from their personal doctor is good overall.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

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U.S. Department of Health and  
Human Services

#### GOOD OVERALL RATING OF PERSONAL DOCTOR



More stars indicate better health benefit plan performance.

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#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

- MAB (MARYLAND AVERAGE)
- NAB (NATIONAL AVERAGE)
- NTP (NATIONAL TOP PERFORMERS)

Data Source: HEDIS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Rating of Specialist Seen Most Often

##### DESCRIPTION

A standard measure that assesses member experiences with and rating of their specialist seen most often. The standard score represents the percentage of survey participants who rated their specialist seen most often an 8, 9 or 10 on a scale from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible.

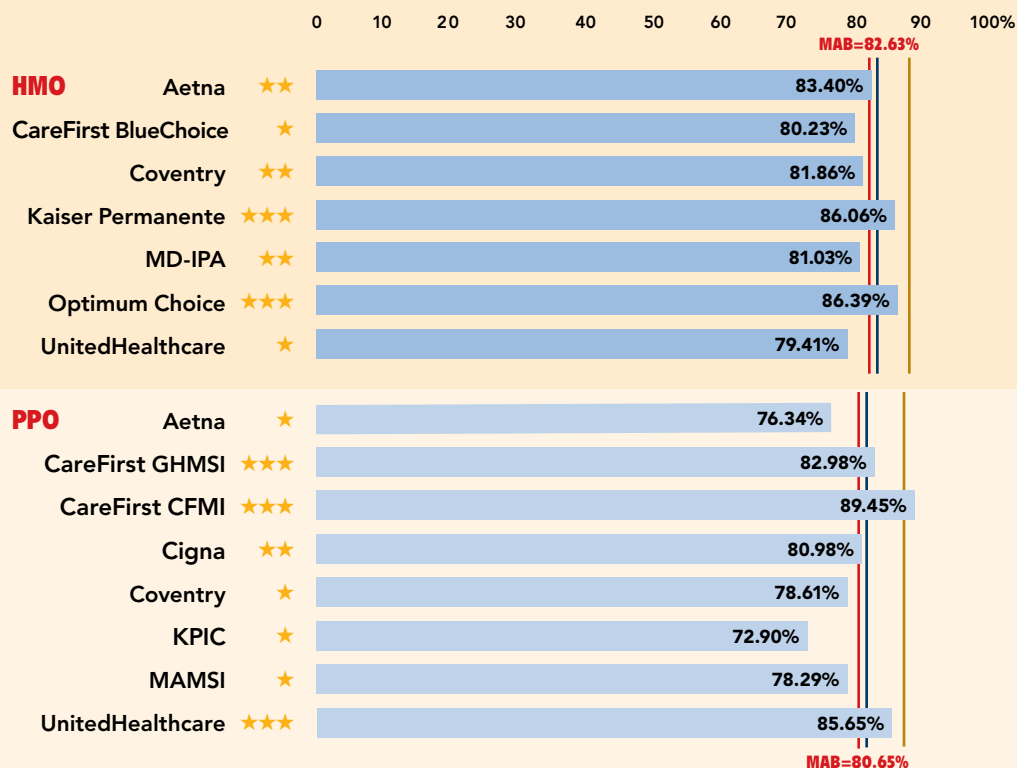
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel the care they receive from their specialist is good overall.

##### RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

Agency for Healthcare  
Research and Quality  
U.S. Department of Health and  
Human Services

#### GOOD OVERALL RATING OF SPECIALIST SEEN MOST OFTEN



More stars indicate better health benefit plan performance.

The "stars" represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

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- NTP (NATIONAL TOP PERFORMERS)

Data Source: HEDIS® Submission or Health Benefit Plan Records



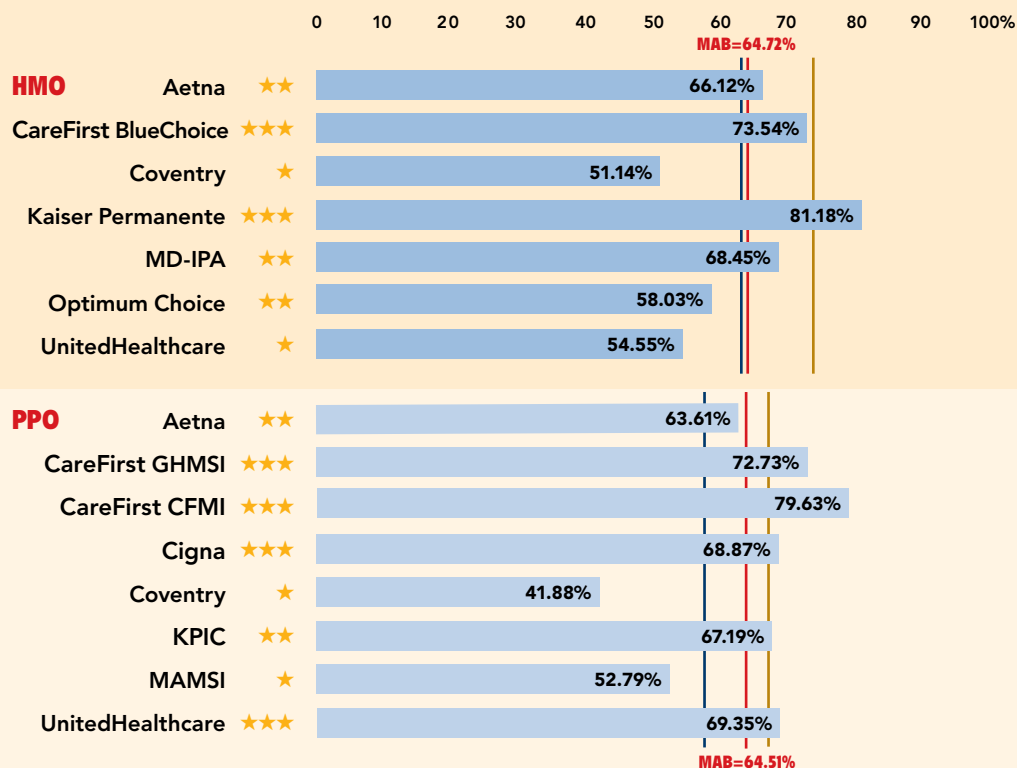
## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

#### Rating of Health Benefit Plan

DESCRIPTION	RATIONALE
<p>A standard measure that assesses member experiences with and rating of their health benefit plan. The standard score represents the percentage of survey participants who rated their health benefit plan an 8, 9, or 10 on a scale from 0 to 10, where 0 is the worst health benefit plan possible and 10 is the best health benefit plan possible.</p> <p>For this measure, a higher percentage is better and represents the proportion of survey respondents who feel the care they receive through their health benefit plan is good overall.</p>	<p>The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.</p> <p><i>Agency for Healthcare Research and Quality U.S. Department of Health and Human Services</i></p>

#### GOOD OVERALL RATING OF HEALTH BENEFIT PLAN



More stars indicate better health benefit plan performance.

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#### PERFORMANCE RATING

- ★★★ BETTER THAN MARYLAND AVERAGE
- ★★ EQUIVALENT TO MARYLAND AVERAGE
- ★ WORSE THAN MARYLAND AVERAGE

#### BENCHMARKS

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Data Source: CAHPS® Submission or Health Benefit Plan Records



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

MHCC Supplemental Questions and Answers															
Question	HMO							PPO							
	Aetna	CareFirst BlueChoice	Coventry	Kaiser Permanente	MD-IPA	Optimum Choice	United-Healthcare	Aetna	CareFirst GHMSI	CareFirst CFMI	Cigna	Coventry	KPIC	MAMSI	United-Healthcare
<b>Finding A Personal Doctor</b>															
With the choices provided by your health plan, how much of a problem, if any, was it to find a personal doctor in your plan with an office that is conveniently located? <b>RESPONSE USED: Not a Problem</b>	Maryland Average 87%							Maryland Average 85%							
	86%	89%	88%	90%	85%	86%	88%	88%	86%	88%	85%	81%	78%	89%	86%
<b>Doctors are Polite and Considerate</b>															
In the last 12 months, how often did your personal doctor talk too fast when talking with you? <b>RESPONSE USED: Never</b>	Maryland Average 84%							Maryland Average 85%							
	83%	85%	86%	87%	84%	84%	81%	84%	84%	91%	85%	84%	83%	88%	82%
In the last 12 months, how often did your personal doctor interrupt you when you were talking? <b>RESPONSE USED: Never</b>	Maryland Average 88%							Maryland Average 89%							
	87%	89%	90%	91%	85%	90%	84%	88%	84%	93%	85%	92%	91%	89%	87%
In the last 12 months, how often did your personal doctor use a condescending, sarcastic, or rude tone or manner with you? <b>RESPONSE USED: Never</b>	Maryland Average 96%							Maryland Average 97%							
	94%	97%	96%	96%	95%	95%	97%	96%	98%	97%	96%	96%	97%	97%	96%

Data Source: CAHPS® Submission or Health Benefit Plan Records

continued



## II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

### MEMBER EXPERIENCE AND SATISFACTION WITH HEALTH BENEFIT PLAN

MHCC Supplemental Questions and Answers <small>continued</small>															
Question	HMO							PPO							
	Aetna	CareFirst BlueChoice	Coventry	Kaiser Permanente	MD-IPA	Optimum Choice	United-Healthcare	Aetna	CareFirst GHMSI	CareFirst CFMI	Cigna	Coventry	KPIC	MAMSI	United-Healthcare
<b>Doctors are Caring and Inspire Trust</b>															
In the last 12 months, did you feel you could tell your personal doctor anything, even things that you might not tell anyone else? <b>RESPONSE USED: Yes, Definitely</b>	Maryland Average 58%							Maryland Average 59%							
	58%	58%	61%	58%	57%	55%	56%	59%	58%	58%	62%	61%	52%	60%	61%
In the last 12 months, did you feel you could trust your personal doctor with your medical care? <b>RESPONSE USED: Yes, Definitely</b>	Maryland Average 81%							Maryland Average 82%							
	81%	83%	81%	80%	81%	82%	78%	79%	80%	84%	83%	85%	77%	81%	84%
In the last 12 months, did you feel that your personal doctor always told you the truth about your health, even if there was bad news? <b>RESPONSE USED: Yes, Definitely</b>	Maryland Average 89%							Maryland Average 91%							
	89%	91%	92%	87%	87%	90%	88%	91%	93%	90%	92%	90%	92%	90%	92%
In the last 12 months, did you feel that your personal doctor cared as much as you do about your health? <b>RESPONSE USED: Yes, Definitely</b>	Maryland Average 74%							Maryland Average 75%							
	76%	75%	77%	74%	74%	71%	69%	73%	75%	77%	76%	78%	68%	75%	80%
In the last 12 months, did you feel that your personal doctor really cared about you as a person? <b>RESPONSE USED: Yes, Definitely</b>	Maryland Average 73%							Maryland Average 74%							
	74%	74%	79%	74%	73%	70%	68%	72%	71%	74%	75%	76%	70%	77%	79%

Data Source: CAHPS® Submission or Health Benefit Plan Records



### III. FIVE CHRONIC DISEASES IMPACTING MARYLAND RESIDENTS

Chronic diseases or conditions are prolonged illnesses that usually last more than six months, are not able to be spread to others like an infection, require treatment because they do not resolve on their own, and are rarely cured completely. They affect people of all ages and ethnicities but are more common among older adults, especially those belonging to ethnic minority groups. Empowering patients to appropriately manage their chronic conditions is a leading health priority for the State of Maryland. There is mounting evidence that a comprehensive approach to care management can save tremendous costs and unnecessary suffering. Five chronic conditions impacting Maryland residents include Obesity, Cardiovascular Disease, Diabetes, Asthma, and Chronic Obstructive Pulmonary Disease (COPD).







### III. FIVE CHRONIC DISEASES IMPACTING MARYLAND RESIDENTS

**“People with a body mass index (BMI) of 30 or higher are considered obese. The term “obesity” is used to describe the health condition of anyone significantly above his or her ideal healthy weight. Don’t be discouraged by the term. It simply means you are 20% or more above your ideal weight, and you are not alone.**

**Nearly 70% of American adults are either overweight or obese. Being obese puts you at a higher risk for health problems such as heart disease, stroke, high blood pressure, diabetes and more.”**

*(American Heart Association, 2014)*

## Obesity

### Finding Your Healthiest Weight

Losing a few pounds can bring you cardiovascular benefits, so setting personal goals is a step toward healthier living. Consider these reasons to work toward maintaining a healthy weight.

A healthy weight promotes more efficient blood circulation, better fluid management, and decreases the chances of diabetes, heart disease, some cancers, and even sleep apnea.

Carrying too much weight as body fat can put you at greater health risk and promote a rise in your blood cholesterol and triglyceride levels, lower your “good” HDL cholesterol level, increase your blood pressure, and induce diabetes.

### Working With Your Doctor

Calculating your BMI annually is an excellent way to start. If your BMI is over 30, you are considered obese and should consult with a physician to make a plan for treatment.

A weight loss treatment plan may include aerobic exercise for a minimum of 30 minutes a day, reducing your caloric intake to improve your ability to burn stored energy (fat) and learning the skills to develop healthy behaviors.

Surgery may be a consideration for those who suffer from severe obesity, or who have one or more obesity-related health problems.

### American Heart Association Recommendations

The American Heart Association recommends obese patients participate in a medically supervised weight loss program two or three times a month for at least six months.

Talk with your doctor about obesity screening and your best treatment options for weight loss.

Source: **American Heart Association**

[http://www.heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Obesity-Information\\_UCM\\_307908\\_Article.jsp](http://www.heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Obesity-Information_UCM_307908_Article.jsp)



### III. FIVE CHRONIC DISEASES IMPACTING MARYLAND RESIDENTS

**“Cardiovascular disease, also called heart and blood vessel disease, includes numerous problems, many of which are related to a process called atherosclerosis. Atherosclerosis is a condition that develops when a substance called plaque builds up in the walls of the arteries. This buildup narrows the arteries, making it harder for blood to flow through. If a blood clot forms, it can stop the blood flow. This can cause a heart attack or stroke.”**

*(American Heart Association, 2014)*

#### Cardiovascular Disease

##### Defining Cardiovascular Disease

Cardiovascular disease is a group of heart and blood vessel disorders that include:

- ▶ Coronary Heart Disease – disease of the blood vessels supplying the heart muscle
- ▶ Cerebrovascular Disease – disease of the blood vessels supplying the brain
- ▶ Peripheral Arterial Disease – disease of blood vessels supplying the arms and legs
- ▶ Pulmonary Embolism – blood clots can dislodge and move to the heart and lungs

Heart attacks and strokes are usually acute and mainly caused by a blockage that prevents blood from flowing to the heart or brain. The most common reason for this is a build-up of fatty deposits in blood vessels.

##### Risk Factors for Cardiovascular Disease

Behavioral risk factors account for about 80% of heart diseases. The most important behavioral risk factors of cardiovascular disease are unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol.

The effects of unhealthy diet and physical inactivity may appear as raised blood pressure or blood glucose and obesity. These “intermediate risks factors” can be measured by a physician and indicate an increased risk of developing a heart attack, stroke, or other complications.

Cessation of tobacco use, reduction of salt in the diet, consuming fruits and vegetables, regular physical activity and avoiding harmful use of alcohol reduce the risk of cardiovascular disease. The risk can also be reduced by preventing or treating hypertension and diabetes.

Talk with your doctor about screening and your best treatment options.

*Source: World Health Organization*

<http://www.who.int/mediacentre/factsheets/fs317/en/>



### III. FIVE CHRONIC DISEASES IMPACTING MARYLAND RESIDENTS

**“Diabetes mellitus refers to a group of diseases that affect how your body uses blood glucose, commonly called blood sugar. Glucose is vital to your health because it’s an important source of energy for the cells that make up your muscles and tissues. It’s also your brain’s main source of fuel.**

**If you have diabetes, no matter what type, it means you have too much glucose in your blood, although the reasons may differ. Too much glucose can lead to serious health problems.”**

*(Mayo Clinic, 2013)*

## Diabetes

### Understanding the Disease

Diabetes is a group of diseases characterized by high blood glucose levels that result from defects in the body’s ability to produce and/or use insulin.

There are three types of diabetes:

**Type 1**, previously known as juvenile diabetes, as it is usually diagnosed in childhood

**Type 2**, the increasingly common type in adults

**Type 3**, also known as gestational diabetes, in which a pregnant woman can develop diabetes for the duration of her pregnancy but will recover soon after delivery.

Diabetes is a serious but manageable disease; it causes more deaths per year than breast cancer and AIDS combined. Having gestational diabetes can increase a woman’s risk of developing Type 2 diabetes later in life. In addition, having family members with diabetes, injury to or disease of the pancreas, hypertension, or obesity are also risk factors in the development of diabetes.

Sources: American Diabetes Association

<http://www.diabetes.org/diabetes-basics/?loc=GlobalNavDB>

National Library of Medicine

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001898/>

### Resources/Helpful Hints

As with all chronic diseases, it’s important to know your risk. Age, family history, weight, and nutrition can all contribute to your risk of developing Type 2 or gestational diabetes. Talk to your doctor about lessening your risk through improving your diet, i.e., reducing your sugar intake. The American Diabetes Association provides recipes, lifestyle tips and access to an online community that provides a support network for getting involved and knowing your rights within the community and at the work place.

Source: American Diabetes Association

<http://www.diabetes.org/living-with-diabetes/>

### Things You Need to Know

Type 1 diabetes is caused by genetics and unknown factors that trigger the onset of the disease. Type 2 diabetes is caused by genetics, which you cannot change, and lifestyle factors, which you can. Research has shown that drinking sugary drinks is linked to Type 2 diabetes. The American Diabetes Association recommends that people should limit their intake of sugar-sweetened beverages to help prevent diabetes. Sugar-sweetened beverages include beverages like regular soda, fruit punch/drinks, sports/energy drinks, and sweet tea.

Source: American Diabetes Association

<http://www.diabetes.org/diabetes-basics/diabetes-myths/>



### III. FIVE CHRONIC DISEASES IMPACTING MARYLAND RESIDENTS

**"Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning.**

**Asthma affects people of all ages, but it most often starts during childhood. In the United States, more than 25 million people are known to have asthma. About 7 million of these people are children.**

**Asthma has no cure. Even when you feel fine, you still have the disease and it can flare up at any time. However, with today's knowledge and treatments, most people who have asthma are able to manage the disease. They have few, if any, symptoms. They can live normal, active lives and sleep through the night without interruption from asthma."**

*(National Institutes of Health, 2012)*

## Asthma

### Understanding the Disease

Asthma creates swollen and red (or inflamed) airways in the lungs. People with asthma become sensitive to environmental and/or everyday asthma "triggers." A trigger can be a cold or respiratory infection, the weather, or things in the environment, such as dust, chemicals, smoke, and pet dander. When a person with asthma breathes in a trigger, the insides of the airways make extra mucus and swell even more. This narrows the space for the air to move in and out of the lungs, making it difficult to breathe.

*Source: American Lung Association*

<http://www.lung.org/lung-disease/asthma/learning-more-about-asthma/>

### Resources/Helpful Hints

Though some risk factors, like your genetics or family history, cannot be modified, many risk factors can be managed. Take care of your lungs, avoid secondhand smoke and limit your exposure to chemicals. Avoid outdoor activities on bad air quality days. It is important to treat colds and respiratory infections quickly and as directed by your doctor. Protect yourself against contagions during the cold and flu season, practice good oral hygiene (protecting your mouth from germs), get vaccinated against influenza, and protect others by staying home from work or school when you get sick with a contagious illness. Asthma is a treatable disease that with monitoring and proper medication can allow you to live a normal and productive life. Check your local

air quality at [www.stateoftheair.org](http://www.stateoftheair.org) before engaging in an outdoor activity. It's important for everyone, not just those who live with asthma.

*Source: American Lung Association*

<http://www.lung.org/your-lungs/protecting-your-lungs/>

### Things You Need to Know

Although the exact cause of asthma is not known, the following factors play an important role in the development and worsening or exacerbation of asthma:

**Genetics.** Asthma tends to run in families.

**Allergies.** Some people are more likely to develop allergies than others, especially if your parents had allergies. Certain allergies are linked to people who get asthma.

**Respiratory Infections.** As the lungs develop in infancy and early childhood, certain respiratory infections have been shown to cause inflammation and damage the lung tissue.

**Environment.** Contact with allergens, certain irritants, or exposure to viral infections as an infant or in early childhood when the immune system is developing have been linked to developing asthma. Irritants and air pollution may also play a significant role in adult-onset asthma.

*Source: American Lung Association*

<http://www.lung.org/lung-disease/asthma/>



### III. FIVE CHRONIC DISEASES IMPACTING MARYLAND RESIDENTS

**“COPD, or chronic obstructive pulmonary disease, is a progressive disease that makes it hard to breathe. COPD can cause coughing that produces large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms.**

**COPD develops slowly. Symptoms often worsen over time and can limit your ability to do routine activities. Severe COPD may prevent you from doing even basic activities like walking, cooking, or taking care of yourself.**

**COPD has no cure yet, and doctors don't know how to reverse the damage to the airways and lungs. However, treatments and lifestyle changes can help you feel better, stay more active, and slow the progress of the disease.”**

*(National Institutes of Health, 2013)*

#### Chronic Obstructive Pulmonary Disease (COPD)

##### Understanding the Disease

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases that blocks airflow as you exhale; if left untreated COPD can cause serious, long term disability. Often, symptoms are mistaken by patients as normal results of aging or simply being out of shape. COPD is the third leading cause of death in the United States; however, it is treatable and preventable. Damage to the airways is most often caused by long-term tobacco smoke use or exposure to secondhand smoke, but can also be caused by exposure to harmful chemicals and/or air pollution.

*Source: American Lung Association*

<http://www.lung.org/lung-disease/copd/living-with-copd/life-change.html>

##### Resources/Helpful Hints

COPD is highly preventable and very easy to diagnose with a simple breathing test. The National Heart, Lung, and Blood Institute's campaign *COPD: Learn More Breathe Better*, is meant to educate those at risk of developing COPD and raise awareness about the ease of diagnosis and the testing for COPD. More than 12 million people are diagnosed with COPD nationally and another estimated 12 million may have it and not know it. Your doctor can provide you with the best tools for coping with your condition.

*Source: National Heart, Lung, and Blood Institute*

<http://www.nhlbi.nih.gov/health/public/lung/copd/>

##### Prevention and Assistance

Unlike some diseases, COPD typically has a clear path to the cause and as a result to the prevention of developing COPD. Most cases are directly related to cigarette smoking, so the best way to prevent it is to never smoke or quit smoking as soon as possible. It's critical for smokers to find a tobacco-cessation program that will help you quit for good and give you the best chance for preventing damage to your lungs.

*Source: National Heart, Lung, and Blood Institute*

<http://www.nhlbi.nih.gov/health/public/lung/copd/am-i-at-risk/index.htm>

##### Things You Need to Know

Occupational exposure to chemical fumes and dust are other risk factors for COPD. Educate yourself on the best ways to stay protected (wearing a mask when necessary) to prevent lung damage.

*Source: Mayo Clinic*

<http://www.mayoclinic.com/health/copd/DS00916>



## IV. CONSUMER RESOURCES

### Links to MHCC Resources

Publications on the performance of health care facilities are available on the MHCC website, including the following web-based, interactive guides:

**A Consumer's Guide to Getting and Keeping Health Insurance in Maryland** is a 45-page guide that explains rights and protections that apply to health insurance coverage in Maryland. Information is provided for individuals who buy their own health insurance or who get coverage through an employer, or for small business owners who offer health insurance to their employees.

<http://mhcc.dhmdh.maryland.gov/smallgroup/Documents/consumerguide.pdf>

**Maryland Guide to Long Term Care Services** helps consumers locate and compare Maryland long-term care services: nursing homes, assisted-living residences, home health agencies, adult day care facilities, and hospice programs. Users can sort by services offered and by county or zip code; view recent results from Maryland Office of Health Care Quality's health and safety inspections; annual family satisfaction surveys; and find Internet links to many resources of interest to seniors, such as preparing for long term care needs.

<http://mhcc.maryland.gov/consumerinfo/longtermcare/Default.aspx>

**Maryland Hospital Performance Evaluation Guide** compares information on hospital characteristics, patient satisfaction ratings, quality scores, and selected health care associated infections (HAI) information. The site also features a pricing guide and other information about hospital services in Maryland.

<http://mhcc.maryland.gov/consumerinfo/hospitalguide/index.htm>

**Maryland Ambulatory Surgery Facility Consumer Guide** provides useful information for selecting an ambulatory surgery center. Users can find a surgical center by name, zip code, or medical specialty; download a checklist of questions to consider when having surgery in an outpatient center; and find information on what to do if they have a complaint.

<http://mhcc.maryland.gov/consumerinfo/amsurg/>







## IV. CONSUMER RESOURCES

### Links to Additional Information and Assistance

#### Inquiries and Complaints About Health Care Facilities and Practitioners

##### **Assisted Living, Hospice, Hospitals, Labs, Nursing Homes –**

Contact the Office of Health Care Quality  
410-402-8000

<http://dhmh.maryland.gov/ohcq/SitePages/Home.aspx>

##### **Physicians –** Contact the Board of Physicians

410-764-4777

<http://www.mbp.state.md.us/>

#### Vaccinations

Local Health Department

<http://msa.maryland.gov/msa/mdmanual/01glance/html/healloc.html>

Vaccines for Children Program

<http://phpa.dhmh.maryland.gov/OIDEOR/IMMUN/SitePages/vaccines-for-children-program.aspx>

#### Inquiries and Complaints About Health Insurance for Consumers

Maryland Health Connection

<http://marylandhealthconnection.gov/health-insurance-in-maryland/help-with-health-insurance/health-insurance-support/>

##### **Maryland Health Insurance Plan** (for residents without health insurance)

<http://www.marylandhealthinsuranceplan.state.md.us/>

##### **Maryland Insurance Administration**

1-800-492-6116 or 410-468-2000

<http://www.mdinsurance.state.md.us>

##### **Children's Health Insurance Program (CHIP)**

1-800-456-8900

<http://mmcp.dhmh.maryland.gov/chp/SitePages/Home.aspx>

##### **Has your health benefit plan refused to cover a medical procedure or pay for a medical service that has already been provided?**

Contact the Maryland Attorney General's Health Education and Advocacy Unit  
1-410-528-1840

<http://www.oag.state.md.us/consumer/heau.htm>

##### **Bill Information/legislative/budget/statute questions?**

Contact the Maryland General Assembly

<http://mgaleg.maryland.gov/webmga/frm1st.aspx?tab=home>

#### Maryland Links

##### **Maryland Department of Health and Mental Hygiene**

<http://dhmh.maryland.gov>

##### **Maryland Health Benefit Exchange**

<http://marylandhbe.com>

##### **Medicaid Waivers**

<http://mmcp.dhmh.maryland.gov/waiverprograms/SitePages/Home.aspx>

##### **Maryland Office of Health Care Quality**

<http://dhmh.maryland.gov/ohcq/SitePages/Home.aspx>

##### **Maryland Licensed Health Care Facilities**

<http://dhmh.maryland.gov/ohcq/SitePages/Licensee%20Directory.aspx>

##### **Maryland Children's Health Programs**

<http://mmcp.dhmh.maryland.gov/chp/SitePages/Home.aspx>

##### **Maryland Local Health Departments**

<http://msa.maryland.gov/msa/mdmanual/01glance/html/healloc.html>

##### **Maryland Health Insurance Plan** (for residents without health insurance)

<http://www.marylandhealthinsuranceplan.state.md.us/>

##### **Maryland Insurance Administration**

<http://www.mdinsurance.state.md.us/sa/jsp/Mia.jsp>

##### **Maryland Board of Physicians**

<http://www.mbp.state.md.us/>



## IV. CONSUMER RESOURCES | LINKS TO ADDITIONAL INFORMATION AND ASSISTANCE

### Maryland Links *continued*

**Maryland Board of Nursing**  
<http://www.mbon.org/main.php>

**Maryland Pharmacy Board**  
410-764-4755  
<http://dhmh.maryland.gov/pharmacy/SitePages/Home.aspx>

**Maryland State Board of Dental Examiners**  
<http://dhmh.maryland.gov/dental/SitePages/Home.aspx>

**Maryland Department of Aging**  
<http://www.aging.maryland.gov/>

**Senior Health Insurance Assistance Program (SHIP)**  
<http://www.aging.maryland.gov/StateHealthInsuranceProgram.html>

**Maryland Health Services Cost Review Commission**  
<http://www.hsrc.state.md.us/>

**Maryland Vital Records** (*birth, death, marriage, divorce certificates*)  
<http://dhmh.maryland.gov/vsa/SitePages/Home.aspx>

### Long Term Care Provider Contacts

**Health Facilities Association of Maryland**  
<http://www.hfam.org>

**LifeSpan Network**  
<http://www.lifespan-network.org>

**Maryland Association for Adult Day Services**  
<http://www.maads.org>

**Maryland National Capital Homecare Association**  
<http://www.mncha.org>

**The Hospice & Palliative Care Network of Maryland**  
<http://www.hnmd.org>

### COMAR Online

**Title 10 – Department of Health and Mental Hygiene**  
<http://www.dsd.state.md.us/comar/searchtitle.aspx?scope=10>

### Patient Safety

**Maryland Patient Safety Center**  
<http://www.marylandpatientsafety.org>

### Hospital Information

**Maryland Hospital Association**  
<http://www.mhaonline.org>

**CMS Hospital Compare**  
<http://www.hospitalcompare.hhs.gov/>

**Joint Commission on Accreditation of Health Care Organizations**  
<http://www.jointcommission.org>

**Hospital Quality Alliance**  
<http://www.fah.org/fahcms/OnTheRecord/HospitalQualityAlliance.aspx>

### Assisted Living Information

**Assisted Living Federation of America**  
[http://www.alfa.org/alfa/Consumer\\_Corner.asp](http://www.alfa.org/alfa/Consumer_Corner.asp)

**National Center for Assisted Living**  
<http://www.ahcancal.org/ncal/Pages/index.aspx>

**Assisted Living Facilities Organization**  
<http://www.assistedlivingfacilities.org/>



## IV. CONSUMER RESOURCES | LINKS TO ADDITIONAL INFORMATION AND ASSISTANCE

### Federal Links

**CMS Nursing Home Compare**

<http://www.medicare.gov/nursinghomecompare/search.html>

**Department of Health and Human Services Administration on Aging**

<http://www.aoa.gov/>

**Medicaid**

<http://www.cms.hhs.gov/home/medicaid.asp>

**Medicare**

<http://www.medicare.gov>

**U.S. Department of Health and Human Services**

<http://www.hhs.gov/>

**U.S. Census Bureau**

<http://www.census.gov>

### National Links

**American Association of Homes and Services for the Aging**

<http://www.leadingage.org/>

**Health Savings Accounts**

<http://www.nahu.org/consumer/HSAGuide.cfm>

<http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>

### Data Sources

**The Commonwealth Fund**

Maps with county-level and hospital referral region statistics, quality measures, health information technology adoption, population health, utilization & costs, readmission rates, mortality rates, as well as prevention and inpatient quality indicators <http://whynotthebest.org/maps>



## V. INFORMATION ON METHODOLOGIES

### CAHPS® Methodology

#### CAHPS® 5.0H Survey: Background

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey program is overseen by the United States Department of Health and Human Services – Agency for Healthcare Research and Quality (AHRQ) and includes a myriad of survey products designed to capture consumer, patient and health benefit plan member perspectives on health care quality. Maryland Health Care Commission (MHCC) has implemented use of the *CAHPS® Health Plan Survey 5.0H, Adult Version* as part of the Health Benefit Plan Quality and Performance Evaluation System.

The core of the CAHPS® survey is a set of questions used to measure satisfaction with the experience of care and includes four questions that reflect overall satisfaction and seven multi-question composites that summarize responses in key areas. Survey respondents are asked to use a scale of 0 to 10 to rate their doctor, their specialist, their experience with all health care, and their health benefit plan.

MHCC contracted with WBA Research, a survey vendor specializing in health care and other consumer satisfaction surveys, to administer the survey to members of the various health benefit plans included in this report.

In addition, MHCC contracted with a licensed HEDIS® audit firm, HealthcareData Company, LLC, to review programming codes used to create the list of eligible members to take part in the survey and to validate the integrity of the sample frame of those members before WBA Research randomly drew from the sample and administered the survey. Survey data collection began in mid-February 2014 and lasted into May 2014.

Summary-level data files generated by NCQA were distributed in June 2014 to each health benefit plan for a review of data before the authorized health benefit plan representative signed off attesting to the accuracy of the data pertaining to their health benefit plan that are now included in this public report.

#### Survey Methods and Procedures

##### Sampling: Eligibility and Selection Procedures

Health benefit plan members who are eligible to participate in the *CAHPS® Health Plan Survey 5.0H, Adult Version* had to be Maryland residents 18 years of age or older as of December 31 of the 2013 measurement year. They also had to be continuously enrolled in the commercial health benefit plan for at least 11 of the 12 months of 2013, and remain enrolled in the health benefit plan in 2014. Enrollment data sets submitted to the CAHPS® vendor are sets of all eligible members – the relevant population. All health benefit plans are required to have their CAHPS® data set (sample frame) audited by the licensed HEDIS® auditor before the data is sent to the survey vendor.

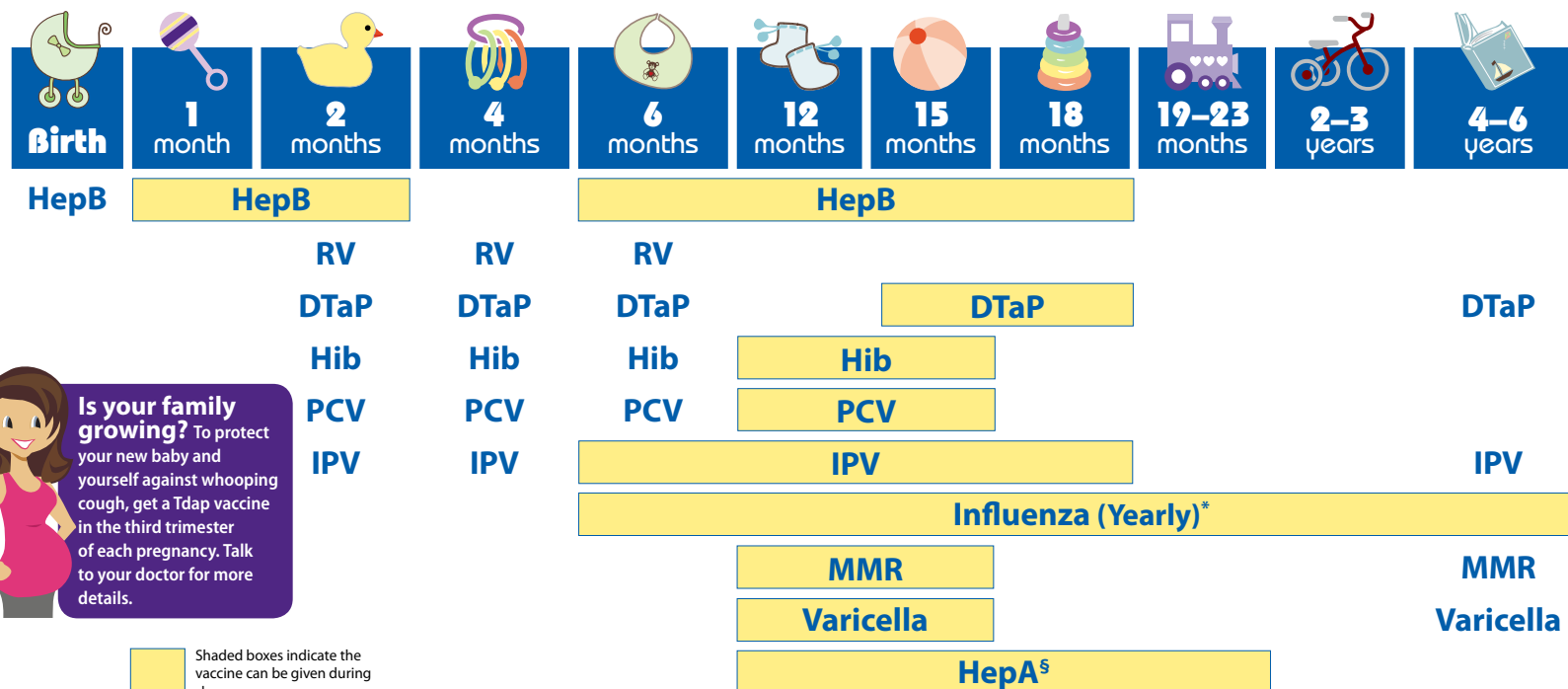
##### Survey Protocol

The CAHPS® survey employs a rigorous, multistage contact protocol that features a mixed-mode methodology consisting of a mail process and telephone follow-up attempts. This protocol is designed to maximize response rates and give different types of responders a chance to reply to the survey in a way that they find comfortable. For example, telephone responders are more likely to be younger, healthier, and male.



# APPENDIX A. CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

## 2014 Recommended Immunizations for Children from Birth Through 6 Years Old



**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

- \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.
- § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free  
**1-800-CDC-INFO** (1-800-232-4636)  
or visit  
<http://www.cdc.gov/vaccines>



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



## APPENDIX A. CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

### Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Flu</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.

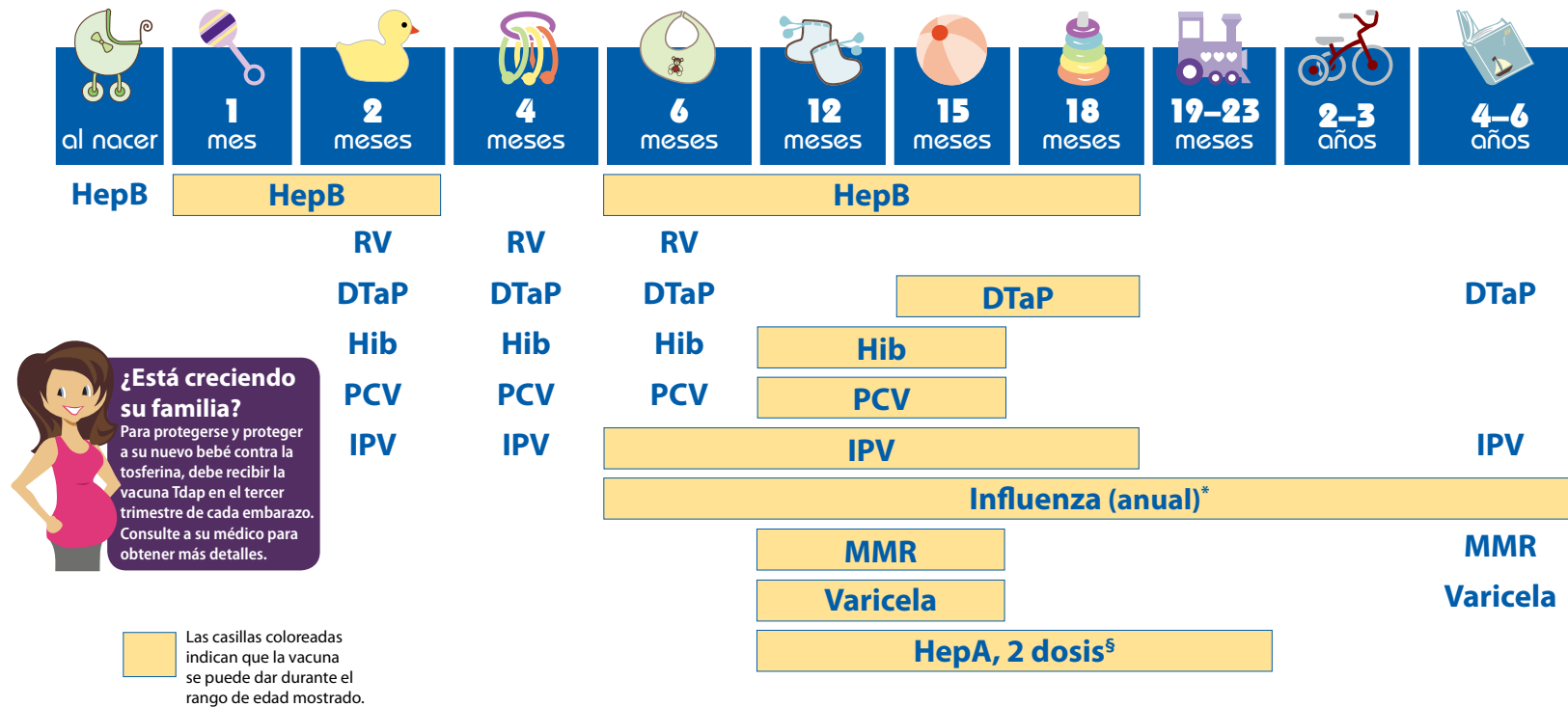
Last updated January 2014 • CS245366-A -





# APPENDIX A. CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

## 2014 Vacunas recomendadas para niños, desde el nacimiento hasta los 6 años de edad



### NOTA:

Si su hijo no recibió una de las dosis, no se necesita volver a empezar, solo llévelo al pediatra para que le apliquen la siguiente. Consulte al médico de su hijo si tiene preguntas sobre las vacunas.

### NOTAS A PIE DE PÁGINA:

- \* Se recomiendan dos dosis con un intervalo de por lo menos cuatro semanas para los niños de 6 meses a 8 años que reciben por primera vez la vacuna contra la influenza y para otros niños en este grupo de edad.
  - <sup>5</sup> Se requieren 2 dosis de la vacuna HepA para brindar una protección duradera. La primera dosis de la vacuna HepA se debe administrar durante los 12 y los 23 meses de edad. La segunda dosis se debe administrar 6 a 18 meses después. La vacuna HepA se puede administrar a todos los niños de 12 meses de edad o más para protegerlos contra la hepatitis A. Los niños y adolescentes que no recibieron la vacuna HepA y tienen un riesgo alto, deben vacunarse contra la hepatitis A.
- Si su niño tiene alguna afección que lo pone en riesgo de contraer infecciones o si va a viajar al extranjero, consulte al pediatra sobre otras vacunas que pueda necesitar.*

**MÁS INFORMACIÓN AL REVERSO SOBRE ENFERMEDADES PREVENIBLES CON LAS VACUNAS Y LAS VACUNAS PARA PREVENIRLAS.**

Para más información, llame a la línea de atención gratuita  
**1-800-CDC-INFO (1-800-232-4636)**  
o visite  
<http://www.cdc.gov/vaccines>



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention



**American Academy of Pediatrics**  
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## APPENDIX A. CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

### Enfermedades prevenibles con las vacunas y vacunas para prevenirlas

Enfermedad	Vacuna	Enfermedad transmitida por	Signos y síntomas de la enfermedad	Complicaciones de la enfermedad
<b>Varicela</b>	Vacuna contra la varicela.	Aire, contacto directo	Sarpullido, cansancio, dolor de cabeza, fiebre	Ampollas infectadas, trastornos hemorrágicos, encefalitis (inflamación del cerebro), neumonía (infección en los pulmones)
<b>Difteria</b>	La vacuna DTaP* protege contra la difteria.	Aire, contacto directo	Dolor de garganta, fiebre moderada, debilidad, inflamación de los ganglios del cuello	Inflamación del músculo cardíaco, insuficiencia cardíaca, coma, parálisis, muerte
<b>Hib</b>	La vacuna contra la Hib protege contra <i>Haemophilus influenzae</i> serotipo b.	Aire, contacto directo	Puede no causar síntomas a menos que la bacteria entre en la sangre	Meningitis (infección en las membranas que recubren el cerebro y la médula espinal), discapacidad intelectual, epiglotitis (infección que puede ser mortal en la que se bloquea la tráquea y origina graves problemas respiratorios) y neumonía (infección en los pulmones), muerte
<b>Hepatitis A</b>	La vacuna HepA protege contra la hepatitis A.	Contacto directo, comida o agua contaminada	Puede no causar síntomas, fiebre, dolor de estómago, pérdida del apetito, cansancio, vómito, ictericia (coloración amarilla de la piel y los ojos), orina oscura	Insuficiencia hepática, artralgia (dolor en las articulaciones), trastorno renal, pancreático y de la sangre
<b>Hepatitis B</b>	La vacuna HepB protege contra la hepatitis B.	Contacto con sangre o líquidos corporales	Puede no causar síntomas, fiebre, dolor de cabeza, debilidad, vómito, ictericia (coloración amarilla de los ojos y la piel) dolor en las articulaciones	Infección crónica del hígado, insuficiencia hepática, cáncer de hígado
<b>Influenza (gripe)</b>	La vacuna influenza protege contra la gripe o influenza.	Aire, contacto directo	Fiebre, dolor muscular, dolor de garganta, tos, cansancio extremo	Neumonía (infección en los pulmones)
<b>Sarampión</b>	La vacuna MMR** protege contra el sarampión.	Aire, contacto directo	Sarpullido, fiebre, tos, moqueo, conjuntivitis	Encefalitis (inflamación del cerebro), neumonía (infección en los pulmones), muerte
<b>Paperas</b>	La vacuna MMR** protege contra las paperas.	Aire, contacto directo	Inflamación de glándulas salivales (debajo de la mandíbula), fiebre, dolor de cabeza, cansancio, dolor muscular	Meningitis (infección en las membranas que recubren el cerebro y la médula espinal), encefalitis (inflamación del cerebro), inflamación de los testículos o los ovarios, sordera
<b>Tosferina</b>	La vacuna DTaP* protege contra la tosferina ( <i>pertussis</i> ).	Aire, contacto directo	Tos intensa, moqueo, apnea (interrupción de la respiración en los bebés)	Neumonía (infección en los pulmones), muerte
<b>Poliomielitis</b>	La vacuna IPV protege contra la poliomiélitis.	Aire, contacto directo, por la boca	Puede no causar síntomas, dolor de garganta, fiebre, náuseas, dolor de cabeza	Parálisis, muerte
<b>Infección neumocócica</b>	La vacuna PCV protege contra la infección neumocócica.	Aire, contacto directo	Puede no causar síntomas, neumonía (infección en los pulmones)	Bacteriemia (infección en la sangre), meningitis (infección en las membranas que recubren el cerebro y la médula espinal), muerte
<b>Rotavirus</b>	La vacuna RV protege contra el rotavirus.	Por la boca	Diarrea, fiebre, vómito	Diarrea intensa, deshidratación
<b>Rubéola</b>	La vacuna MMR** protege contra la rubéola.	Aire, contacto directo	Los niños infectados por rubéola a veces presentan sarpullido, fiebre y ganglios linfáticos inflamados	Muy grave en las mujeres embarazadas: puede causar aborto espontáneo, muerte fetal, parto prematuro, defectos de nacimiento
<b>Tétano</b>	La vacuna DTaP* protege contra el tétano.	Exposición a través de cortaduras en la piel	Rigidez del cuello y los músculos abdominales, dificultad para tragar, espasmos musculares, fiebre	Fractura de huesos, dificultad para respirar, muerte

\* La vacuna DTaP combina la protección contra la difteria, el tétano y la tosferina.

\*\* La vacuna MMR combina la protección contra el sarampión, las paperas y la rubéola.



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